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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7                     |
|   | Chapter 11                    |
|   | Chapter 12                    |
|   | Chapter 13                    |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | Devlin                     |   |
| Write the name that is on your government-issued                    | First name                 | First name                                    |
| picture identification (for example, your driver's                  | Middle name  Johnson       | Middle name                                   |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last<br>8 years                                    | First name                 | First name                                    |
| Include your married or maiden names.                               | Middle name                | Middle name                                   |
| maiden names.   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social                            | XXX - XX2543               | xxx - xx-                                     |
| Security number or<br>federal Individual                            | OR                         | OR  |
| Taxpayer<br>Identification number<br>(ITIN)                         | 9 xx - xx-                 | 9 xx - xx-                                    |

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| De | ebtor 1 Devlin<br>First Name                           | Johnson  Middle Name Last Name  | Case number (if known)   |
|----|--|---|--|
|    | THOUNGHO   | Middle Hallo  |  |
|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name   | Business name  |
|    | 8 years  | Business name   | Business name  |
|    | Include trade names and doing business as names        | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   | 0040 0 1 1 1 1 1 1 1 0 1 1 1 0  | If Debtor 2 lives at a different address:  |
|    |  | 6649 S. Ingleside St., Apt. 3<br>Number Street  | Number Street  |
|    |  | Chicago Illinois 60637  | City. Chate Zin Coale  |
|    |  | City State Zip Code Cook  | City State Zip Code  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  |   |  |
| _  |  | City State Zip Code   | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:  | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | lived in this district longer than in any other district.  |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 140   | 08.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

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| De  | ebtor 1 Devlin  | Johnson Case number (if known)  |  |
|-----|---|---|--|
|     | First Name  | Middle Name Last Name   |  |
| Pa  | rt 2: Tell the Court Abo  | Your Bankruptcy Case  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | theck one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342 ankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate  Chapter 7  Chapter 11  Chapter 12  Chapter 13   |  |
| 8.  | How you will pay the fee  | I will pay the entire fee when I file my petition. Please check with the clear more details about how you may pay. Typically, if you are paying the fee you cashier's check, or money order If your attorney is submitting your paymay pay with a credit card or check with a pre-printed address.  I need to pay the fee in installments. If you choose this option, sign and Individuals to Pay Your Filing Fee in Installments (Official Form 103A).  I request that my fee be waived (You may request this option only if you judge may, but is not required to, waive your fee, and may do so only if you the official poverty line that applies to your family size and you are unable you choose this option, you must fill out the Application to Have the Charler Form 103B) and file it with your petition. | ourself, you may pay with cash, nent on your behalf, your attorney attach the <i>Application for</i> are filing for Chapter 7. By law, a pur income is less than 150% of to pay the fee in installments). If |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | District When When MM / DD / YYYYY Case r   | number   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | District When Case I MM / DD / YYYYY Debtor Relation  | onship to you<br>number, if known<br>onship to you<br>number, if known   |
| 11. | Do you rent your residence?   | No. Go to line 12.  Yes. Has your landlord obtained an eviction judgment against you and do you w  No. Go to line 12.  Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (this bankruptcy petition.   |  |

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Debtor 1 Devlin Johnson Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Devlin Johnson Case number (if known)
First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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Debtor 1 Devlin Johnson Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded **V** No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Devlin Johnson Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 5/31/2017 Executed on MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Devlin                                  |  | Johnson                  | Case number (if          | known)  |  |  |  |  |  |
|--|--|--------------------------|--------------------------|---|--|--|--|--|--|
| First Name                                       | Middle Name  | Last Name                |                          |   |  |  |  |  |  |
| For your attorney, if you are represented by one | eligibility to proceed und   | der Chapter 7, 11, 12, d | or 13 of title 11, Unite | nave informed the debtor(s) about<br>d States Code, and have explained the<br>also certify that I have delivered to the |  |  |  |  |  |
| If you are not                                   | debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I |                          |                          |   |  |  |  |  |  |
| represented by an                                | have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.     |                          |                          |   |  |  |  |  |  |
| attorney, you do not                             | · ·  | , ,                      |                          | •   |  |  |  |  |  |
| need to file this page.                          | /s/ Brian Atlas  |                          | Date                     | 5/31/2017   |  |  |  |  |  |
|  | Signature of Attorney f  | or Debtor                |                          | IM / DD / YYYY  |  |  |  |  |  |
|  | ,  |                          |                          |   |  |  |  |  |  |
|  |  |                          |                          |   |  |  |  |  |  |
|  | Brian Atlas  |                          |                          |   |  |  |  |  |  |
|  | Printed name   |                          |                          |   |  |  |  |  |  |
|  | Semrad Law Firm  |                          |                          |   |  |  |  |  |  |
|  | Firm name  |                          |                          |   |  |  |  |  |  |
|  | 11101 S. Western Ave   | nue                      |                          |   |  |  |  |  |  |
|  | Street   |                          |                          |   |  |  |  |  |  |
|  |  |                          |                          |   |  |  |  |  |  |
|  |  |                          |                          |   |  |  |  |  |  |
|  | Chicago  |                          | Illinois                 | 60643   |  |  |  |  |  |
|  | City   |                          | State                    | Zip Code  |  |  |  |  |  |
|  |  |                          |                          |   |  |  |  |  |  |
|  | Contact phone  |                          | Email address            | batlas@semradlaw.com  |  |  |  |  |  |
|  |  |                          |                          |   |  |  |  |  |  |
|  |  |                          |                          |   |  |  |  |  |  |
|  | Bar number   |                          | State                    | State   |  |  |  |  |  |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1  | Devlin                    |             | Johnson                      |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (State)                      |  |  |  |  |  |

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own      |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00                                    |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | <del>50.00</del>                          |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$5,678.00                                |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$5,678.00                                |
| art 2: Summarize Your Liabilities  |   |
|  | <b>Your liabilities</b><br>Amount you owe |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                   | \$14,582.00                               |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | <u>Ψ11,002.00</u>                         |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00                                    |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |   |
|  | \$25,938.00                               |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$40,520.00                               |
| Your total liabilities   | \$40,520.00                               |
| Your total liabilities  art 3: Summarize Your Income and Expenses  | \$40,520.00                               |
| Art 3: Summarize Your Income and Expenses  . Schedule I: Your Income (Official Form 106I)                          | \$40,520.00<br>\$2,129.05                 |
| Your total liabilities   |   |

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Johnson Debtor 1 Devlin \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,414.38 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$17,202.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$17,202.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                | inforr | nation to identify your c   | ase:              |            |   |                 |   |  |
|-----------------------------|--------|-----------------------------|-------------------|------------|---|-----------------|---|--|
| Debtor 1                    |        | Devlin                      |                   |            | Johnson   |                 |   |  |
| Debtor 1                    |        | First Name                  | Middle N          | lame       | Last Name   |                 |   |  |
| Debtor 2<br>(Spouse, if fil | ina)   | First Name                  | Middle N          | lomo       | Last Name   |                 |   |  |
|                             | -      |                             |                   | iame       |   |                 |   |  |
| United Sta                  | ites B | ankruptcy Court for the:    | Northern          |            | District of Illinois (State)  |                 |   |  |
| Case num<br>(If known)      | ber    |                             |                   |            |   |                 |   |  |
| Officia                     | ı F    | orm 106A/B                  |                   |            |   |                 |   | Check if this is an  |
|                             |        |                             |                   |            |   |                 |   | amended filing   |
|                             |        | e A/B: Prope                |                   |            |   |                 |   | 12/1   |
| category v                  | vhere  | you think it fits best. E   | Be as complete a  | nd a       | n asset only once. If an asse<br>ocurate as possible. If two<br>nis needed, attach a separa | married people  | are filing together, both a                       | are equally  |
| -                           |        | e and case number (if k     |                   | •          |   |                 | on the top or any t                               | additional pages,  |
| Part 1:                     | Desc   | ribe Each Residenc          | e, Building, La   | nd, d      | or Other Real Estate You  | u Own or Have   | e an Interest In                                  |  |
| 1. Do you                   |        |                             | uitable interest  | in an      | y residence, building, land,  | or similar prop | erty?   |  |
| <b>✓</b>                    | No. (  | Go to Part 2                |                   |            |   |                 |   |  |
|                             | Yes.   | Where is the property?      |                   |            |   |                 |   |  |
|                             |        |                             |                   | Wh         | at is the property? Check al  | I that apply.   |   | claims or exemptions. Put ired claims on <i>Schedule D:</i>    |
| 1.1                         | Stree  | t address, if available, or | other description | 느          | Single-family home  |                 |   | nims Secured by Property.                                      |
|                             |        |                             |                   | H          | Duplex or multi-unit building<br>Condominium or cooperative                                 |                 | Current value of the                              | Current value of the   |
|                             |        |                             |                   | H          | Manufactured or mobile hom  |                 | entire property?                                  | portion you own?   |
|                             |        | _                           |                   | H          | Land  |                 | <del></del>                                       |  |
|                             | Num    | ber Street                  |                   | E          | Investment property   |                 | Describe the nature of<br>interest (such as fee s |  |
|                             | City   | State                       | Zip Code          |            | Timeshare<br>Other  |                 | the entireties, or a life                         |  |
|                             | ,      |                             | _,,               | L_<br>\W/b | a has an interest in the pro  | martu? Chaok    | Check if this is co                               | ommunity property  |
|                             |        |                             |                   | on         | o has an interest in the pro<br>e.  | perty: Check    | (see instructions)                                |  |
|                             |        |                             |                   |            | Debtor 1 only   |                 | _   |  |
|                             |        |                             |                   |            | Debtor 2 only   |                 |   |  |
|                             |        |                             |                   |            | Debtor 1 and Debtor 2 only  At least one of the debtors a                                   | ad another      |   |  |
|                             |        |                             |                   |            | ner information you wish to   |                 | itom auch as least                                |  |
|                             |        |                             |                   |            | perty identification numbe  |                 | itelli, such as local                             |  |
| If you                      | own (  | or have more than one, li   | st here:          |            |   |                 |   |  |
| 1.2                         |        |                             |                   | Wh         | at is the property? Check al<br>Single-family home  | I that apply.   |   | claims or exemptions. Put<br>ared claims on <i>Schedule D:</i> |
| 1.2                         | Stree  | t address, if available, or | other description | H          | Duplex or multi-unit building   |                 | Creditors Who Have Cla                            | nims Secured by Property.                                      |
|                             |        |                             |                   | H          | Condominium or cooperative  |                 | Current value of the                              | Current value of the   |
|                             |        |                             |                   | F          | Manufactured or mobile hom  | пе              | entire property?                                  | portion you own?   |
|                             | Num    | ber Street                  |                   |            | Land  |                 | Describe the nature o                             | f vour ownorship   |
|                             |        | Joi Guidet                  |                   |            | Investment property   |                 | interest (such as fee s                           | simple, tenancy by   |
|                             | City   | State                       | Zip Code          | H          | Timeshare<br>Other  |                 | the entireties, or a life                         | e estate), if known.   |
|                             |        |                             |                   | _          |   |                 |   | emmunity property  |
|                             |        |                             |                   | Wh<br>on   | o has an interest in the pro  | perty? Check    | (see instructions)                                |  |
|                             |        |                             |                   |            | Debtor 1 only   |                 | Ц   |  |
|                             |        |                             |                   |            | Debtor 2 only   |                 |   |  |
|                             |        |                             |                   |            | Debtor 1 and Debtor 2 only  |                 |   |  |
|                             |        |                             |                   |            | At least one of the debtors a   | nd another      |   |  |
|                             |        |                             |                   |            | ner information you wish to<br>perty identification numbe                                   |                 | item, such as local                               |  |

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| Debtor 1                       | Devlin   |                           | Johnson   | Case numbe      | r (if known)   |  |
|--------------------------------|--|---------------------------|---|-----------------|--|--|
|                                | First Name   | Middle Name               | Last Name   |                 |  |  |
| 1.3 <u>Stre</u>                | et address, if available, or other                                     |                           | That is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                        | apply.          | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.  Current value of the portion you own? |
| Nun<br>City                    | nber Street<br>State Z   | Zip Code                  | Land Investment property Timeshare Other  | _               | Describe the nature or interest (such as fee s the entireties, or a life | imple, tenancy by  |
|                                |  |                           | The has an interest in the property  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and and ther information you wish to add a | other           | (see instructions)   | mmunity property   |
| 2. Add                         | the dollar value of the portion  | •                         | II of your entries from Part 1, inclu   | ding any entrie | s for pages  |  |
|                                | ve attached for Part 1. Write  |                           |   | g,              |  |  |
|                                |  |                           | ▶   |                 |  |  |
| <b>Do you ow</b><br>you own tl | hat someone else drives. If you<br>ns, trucks, tractors, sport utility | lease a vehicle, a        | in any vehicles, whether they are a<br>lso report it on Schedule G: Executor<br>ycles   | -               | -  |  |
| ✓ Yes                          | S  |                           |   |                 |  |  |
| 3.1                            | Model: Year: 2   | Mercury<br>Marquis<br>010 | Who has an interest in the propone.  Debtor 1 only  | erty? Check     | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.   |
|                                | Approximate mileage: 1 Other information: 2010 Mercury Marquis SURR    | 09000<br>ENDER            | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and  | d another       | Current value of the entire property?<br>\$3775.00                       | Current value of the portion you own? \$3775.00  |
|                                |  |                           | Check if this is community instructions)  | property (see   |  |  |
| 3.2                            | Make<br>Model:<br>Year:  |                           | Who has an interest in the propone.  Debtor 1 only  | erty? Check     | the amount of any secu   | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.                                      |
|                                | Approximate mileage:  Other information:                               |                           | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community   |                 | Current value of the entire property?                                    | Current value of the portion you own?  |
|                                |  |                           | instructions)   |                 |  |  |

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| 3.3   |  | Middle Name | Johnson<br>Last Name   | Case number   | · · · /  |   |
|---|--|-------------|--|---|--|---|
| 3.3   | First Name   |             |  |   |  |   |
|   | Make<br>Model:   |             | Who has an interest in the one.  | property? Check   | Do not deduct secured<br>the amount of any secu  | •   |
|   | Year:  |             | Debtor 1 only  |   | Creditors Who Have Cla   |   |
|   | Approximate mileage:   |             |  |   |  |   |
|   |  | -           | Debtor 2 only  |   | Current value of the   | Current value of the  |
| (   | Other information:   |             | Debtor 1 and Debtor 2 or   | nly   | entire property?   | portion you own?  |
|   |  |             | At least one of the debtor   | rs and another  |  |   |
|   |  |             | Check if this is commu   | nity property (see  |  |   |
|   |  |             | instructions)  |   |  |   |
| 3.4 I   | Make   |             | Who has an interest in the   | property? Check   | Do not deduct secured  | •   |
|   | Model:   |             | one.   |   | the amount of any secu   |   |
|   | Year:  |             | Debtor 1 only  | only <i>Creditors</i>   | Creditors Who Have Cla   | ims Secured by Propert  |
| ,   | Approximate mileage:   |             | Debtor 2 only  |   | Current value of the   | Current value of the  |
| (   | Other information:   |             | Debtor 1 and Debtor 2 or   | nly   | entire property?   | portion you own?  |
|   |  |             | At least one of the debtor   | rs and another  |  |   |
|   |  |             | Check if this is commu   | nity property (see  |  |   |
|   |  |             | instructions)  | , p, (  |  |   |
| Exam <sub>l</sub>                             | ples: Boats, trailers, motors  | •           | er recreational vehicles, other<br>fishing vessels, snowmobiles,   | ·   |  |   |
| Example N N Y 4.1                             | ples: Boats, trailers, motors<br>No<br>⁄es<br>Make   | •           | er recreational vehicles, other<br>t, fishing vessels, snowmobiles,<br>Who has an interest in the  | motorcycle accessori  | Do not deduct secured  | •   |
| Example N                                     | ples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:   | •           | who has an interest in the   | motorcycle accessori  | Do not deduct secured the amount of any secu   | red claims on <i>Schedule</i>   |
| Example N N Y A.1 I                           | ples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:  | •           | who has an interest in the one.  Debtor 1 only   | motorcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>ims Secured by Propert  |
| Examp ✓ N                                     | ples: Boats, trailers, motors<br>No<br>'es<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | •           | who has an interest in the one.  Debtor 1 only  Debtor 2 only  | motorcycle accessori  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>lims Secured by Propert<br>Current value of the   |
| Examp ✓ N                                     | ples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:  | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on  | motorcycle accessori property? Check  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>ims Secured by Propert  |
| Examp ✓ N                                     | ples: Boats, trailers, motors<br>No<br>'es<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | •           | who has an interest in the one.  Debtor 1 only  Debtor 2 only  | motorcycle accessori property? Check  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>lims Secured by Propert<br>Current value of the   |
| Examp ✓ N                                     | ples: Boats, trailers, motors<br>No<br>'es<br>Make<br>Model:<br>Year:<br>Approximate mileage:  | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on  | motorcycle accessori property? Check  hly rs and another  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule<br>lims Secured by Propert<br>Current value of the   |
| Examp ✓ N                                     | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information:   | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only At least one of the debtor Check if this is commu   | property? Check  hly s and another  nity property (see  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule ims Secured by Propert Current value of the portion you own?   |
| Example 1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information:   | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor constructions)  | property? Check  hly s and another  nity property (see  | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule ims Secured by Propert Current value of the portion you own?  claims or exemptions. Forced claims on Schedule  |
| Example 1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information: Make                                    | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one.  | property? Check  hly s and another  nity property (see  | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured  | red claims on Schedule ims Secured by Propert Current value of the portion you own?  claims or exemptions. Forced claims on Schedule  |
| Example 1 N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information:  Make Model:                            | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor constructions)  Who has an interest in the one.   | property? Check  hly s and another  nity property (see  | Do not deduct secured the amount of any secu Creditors Who Have Clate Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Clate Creditors Who Have Clate Creditors Who Have Clate Creditors Control of the Secured the Amount of Creditors Who Have Clate Creditors Credi | red claims on Schedule ims Secured by Propert Current value of the portion you own?  claims or exemptions. Fired claims on Schedule ims Secured by Propert                      |
| Example 1                                     | ples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: | •           | who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one. Debtor 1 and Debtor 2 on Debtor 1 only                               | property? Check  The sand another anity property? Check  property? Check  | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured the amount of any secu   | red claims on Schedule ims Secured by Propert Current value of the portion you own?  claims or exemptions. Forced claims on Schedule  |
| Example 1                                     | ples: Boats, trailers, motors No /es Make Model: Year: Approximate mileage: Other information:  Make Model: Year:                      | •           | who has an interest in the one.  Debtor 1 and Debtor 2 or At least one of the debtor instructions)  Who has an interest in the one.  Debtor 1 and Debtor 2 or At least one of the debtor instructions)  Who has an interest in the one.  Debtor 1 only  Debtor 2 only  Debtor 1 only  Debtor 1 and Debtor 2 or Debtor 2 or Debtor 1 only | property? Check  Inly Is and another Inity property (see  property? Check                                       | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the  | red claims on Schedule ims Secured by Propert Current value of the portion you own?  claims or exemptions. Fired claims on Schedule ims Secured by Propert Current value of the |
| Example 1                                     | ples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information:  Make Model: Year: Approximate mileage: | •           | who has an interest in the one. Debtor 1 and Debtor 2 on At least one of the debtor instructions)  Who has an interest in the one. Debtor 1 and Debtor 2 or At least one of the debtor instructions)  Who has an interest in the one. Debtor 1 only Debtor 2 only  | property? Check  Inly Its and another Inity property (see Inity property? Check  Inly Its and another Inity see | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the  | red claims on Schedule ims Secured by Propert Current value of the portion you own?  claims or exemptions. Fired claims on Schedule ims Secured by Propert Current value of the |

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| De             | ebtor 1                   | Devlin                         |   |                    | Johnson              | Case number (if known)   |  |
|----------------|---------------------------|--------------------------------|---|--------------------|----------------------|--|--|
|                |                           | First Name                     | Middle Nar  |                    | Last Name            |  | _  |
| Pa             | t 3:                      | Describe Y                     | our Personal and Hous   | ehold Items        |                      |  |  |
| De             | o you                     | own or hav                     | e any legal or equitable  | e interest in an   | ny of the followi    | ing items?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                |                           | _                              | and furnishings<br>liances, furniture, linens, chir                               | na kitohonwaro     |                      |  |  |
| m <sup>'</sup> | No                        | ies. Major app                 | nances, rumnure, imens, cmi   | ia, Kitchenware    |                      |  |  |
| V              |                           | escribe                        | Misc. Household Goods   |                    |                      |  | \$350.00   |
|                |                           | ronics<br>les: Television      | s and radios: audio video s   | tereo and digital  | equipment: comp      | uters, printers, scanners; music   |  |
| П              | No                        | 100. 1000101011                | s and radios, addio, vidos, o   | toroo, ara digitar | oquipmont, compe     | roro, printoro, oddinioro, madio   |  |
| <u> </u>       | Yes. D                    | escribe                        | Misc. Electronics   |                    |                      |  | \$125.00   |
|                |                           | ctibles of val                 | ue<br>and figurines; paintings, print   | ts or other artwor | rk: hooks nictures   | or other art objects:  | 1  |
|                | No                        |                                | in, or baseball card collection   |                    | •                    | The state of the s |  |
|                |                           | escribe                        |   |                    |                      |  |  |
|                |                           | les: Sports, ph                | rts and hobbies<br>otographic, exercise, and ot<br>s; carpentry tools; musical in |                    | ment; bicycles, poo  | ol tables, golf clubs, skis; canoes  |  |
| <b>✓</b>       | No                        | and Rayar                      | o, ourpointly tools, introlour in   | istraments         |                      |  |  |
|                |                           | escribe                        |   |                    |                      |  |  |
|                | <b>0. Fire</b><br>Example |                                | es, shotguns, ammunition, a   | and related equip  | ment                 |  | I  |
| <b>✓</b>       | No                        |                                | oo, onotgano, ammamaon, t   | and rolated equip. |                      |  |  |
| H              |                           | escribe                        |   |                    |                      |  |  |
| ш              |                           |                                |   |                    |                      |  |  |
|                | <b>1. Clot</b><br>Exampl  |                                | clothes, furs, leather coats, d   | esigner wear, sho  | oes, accessories     |  |  |
|                | No                        |                                |   |                    |                      |  |  |
| <b>✓</b>       | Yes. D                    | escribe                        | Misc. Used Clothing   |                    |                      |  | \$225.00   |
|                |                           | -                              |   | gagement rings, w  | vedding rings, heirl | loom jewelry, watches, gems,   |  |
| Ш              | No                        | . "                            |   |                    |                      |  | 1  |
| <b>✓</b>       | Yes. L                    | escribe                        | Misc. Jewelry   |                    |                      |  | \$50.00  |
|                |                           | -farm animal<br>les: Dogs, cat | <b>s</b><br>s, birds, horses  |                    |                      |  |  |
| <b>✓</b>       | No                        |                                |   |                    |                      |  |  |
|                | Yes. D                    | escribe                        |   |                    |                      |  |  |
| 1              | -                         | other persor                   | al and household items yo   | ou did not alread  | dy list, including a | any health aids you did not list   |  |
| ✓              | No                        |                                |   |                    |                      |  |  |
|                | Yes. D                    | escribe                        |   |                    |                      |  |  |
|                |                           |                                | -   | •                  |                      | for pages you have attached  | \$1750.00  |

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Johnson Debtor 1 Devlin Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ Yes ..... \$12.00 Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: **BMO** Harris 17.1. Checking account: \$41.00 17.2. Checking account: 17.3. Savings account: **BMO** Harris \$100.00 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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| Debt | tor 1 Devlin  | <u> </u>   | Johnson                   | Case number (if known)                      |          |
|------|---|--|---------------------------|---|----------|
|      | First Name  | Middle Name  | Last Name                 |   |          |
| 20.  | Negotiable instruments Non-negotiable instrum  No No Yes. Give specific | porate bonds and other negotial include personal checks, cashiers nents are those you cannot transfe | checks, promissory no     | ites, and money orders.                     |          |
|      | information about them  | Issuer name:   |                           |   |          |
|      |   |  |                           |   |          |
|      |   | _  |                           |   |          |
|      |   |  |                           |   |          |
| 0.1  | Datinament or name  |  |                           |   |          |
| 21.  | Retirement or pensio<br>Examples: Interests in I                        |  | , thrift savings accounts | s, or other pension or profit-sharing plans |          |
|      | <b>✓</b> No   |  |                           |   |          |
|      | Yes. List each  | Type of account:   | Institution name:         |   |          |
|      | account separately.   | 401(k) or similar plan:  |                           |   | <u>-</u> |
|      | separatery.   | Pension plan:  |                           |   |          |
|      |   | IRA:   |                           |   |          |
|      |   | Retirement account:  |                           |   |          |
|      |   | Keogh:   |                           |   |          |
|      |   | Additional account:  |                           |   |          |
|      |   |  | -                         |   |          |
|      |   | Additional account:  |                           |   |          |
| 22.  |   | I prepayments<br>d deposits you have made so that<br>with landlords, prepaid rent, publi             |                           |   |          |
|      | Yes   | Electric:  |                           |   |          |
|      | _   | Gas:   |                           |   | ·<br>    |
|      |   | Heating oil:   |                           |   | •        |
|      |   | Security deposit on rental unit:   |                           |   |          |
|      |   | Prepaid rent:  |                           |   |          |
|      |   | Telephone:   |                           |   |          |
|      |   | Water:   |                           |   |          |
|      |   | Rented furniture:  |                           |   |          |
|      |   | Other:   |                           |   |          |
| 23   | Annuities (A contract f   | or a periodic payment of money to  | you either for life or fo | r a number of years)                        |          |
| 20.  | No  | or a pondato paymont or money to   | you, olarer for me or to  | a nambor of yours,                          |          |
|      | Yes   | Issuer name and description:   |                           |   |          |
|      | 100   |  |                           |   |          |
|      |   |  |                           |   |          |
|      |   |  |                           |   |          |
|      |   |  |                           |   |          |

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| Debt | tor 1 Devlin  |   | nnson Case number (if known)  |   |
|------|---|---|---|---|
| 0.4  | First Name  |   | t Name  |   |
| 24.  | 26 U.S.C. §§ 530(b)(1),   |   | BLE program, or under a qualified state tuition program.  |   |
|      | ✓ No Institution Yes  | n name and description. Separately file the   | records of any interests.11 U.S.C. § 521(c):  |   |
|      |   |   |   |   |
| 25.  | Trusts, equitable or fut exercisable for your be  |   | nything listed in line 1), and rights or powers   |   |
|      | No No   | nent  |   |   |
|      | Yes. Describe   |   |   |   |
| 26.  |   | ademarks, trade secrets, and other in<br>ain names, websites, proceeds from royal             |   |   |
|      | ✓ No Yes. Describe  |   |   |   |
|      | 1991 20001120111  |   |   |   |
| 27.  |   | and other general intangibles<br>hits, exclusive licenses, cooperative associ                 | ation holdings, liquor licenses, professional licenses  |   |
|      | ✓ No  Yes. Describe   |   |   |   |
|      |   |   |   |   |
|      |   |   |   |   |
| Mor  | ney or property owed  | to you?   |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.  |
|      | ney or property owed  Tax refunds owed to you   |   |   | portion you own? Do not deduct secured  |
|      |   |   |   | portion you own? Do not deduct secured  |
|      | Tax refunds owed to you No Yes. Give specific info  | <b>u</b><br>ormation  | Federal:  | portion you own? Do not deduct secured  |
|      | Tax refunds owed to you No Yes. Give specific info  | u<br>ormation<br>cluding whether<br>d the returns   | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, income you already filed and the tax year.  Family support   | ormation cluding whether d the returns rs   | State: Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, indoor you already filled and the tax year  Family support  Examples: Past due or lunch.   | ormation cluding whether d the returns rs   | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, individual you already filled and the tax year  Family support  Examples: Past due or lur  | ormation cluding whether d the returns rs   | State: Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, indoor you already filled and the tax year  Family support  Examples: Past due or lunch.   | ormation cluding whether d the returns rs   | State:  Local: support, maintenance, divorce settlement, property settlement  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, individual you already filled and the tax year  Family support  Examples: Past due or lur  | ormation cluding whether d the returns rs   | State:  Local: support, maintenance, divorce settlement, property settlement Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                                   |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, individual you already filled and the tax year  Family support  Examples: Past due or lur  | ormation cluding whether d the returns rs   | State: Local:  Support, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds owed to you  No Yes. Give specific info about them, inc you already filed and the tax year  Family support Examples: Past due or lur  No Yes. Give specific info  | ormation cluding whether d the returns rs  mp sum alimony, spousal support, child so          | State:  Local:  support, maintenance, divorce settlement, property settlement  Alimony:  Maintenance:  Support:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00  \$0.00  t  \$0.00 \$0.00                     |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, income you already filed and the tax year.  Family support Examples: Past due or lunder with the specific information of the specific information.  Other amounts someon Examples: Unpaid wages.   | ormation cluding whether d the returns rs  mp sum alimony, spousal support, child so          | State: Local:  support, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: penefits, sick pay, vacation pay, workers' compensation, | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, income you already filed and the tax year.  Family support  Examples: Past due or lunder with the support of th | ormation cluding whether d the returns rs  mp sum alimony, spousal support, child so ormation | State: Local:  support, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: penefits, sick pay, vacation pay, workers' compensation, | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 28.  | Tax refunds owed to you  No Yes. Give specific information about them, incomposed you already filed and the tax year.  Family support  Examples: Past due or lunder you specific information you already filed and the tax year.  No Yes. Give specific information you already filed and the tax year.  Other amounts someon Examples: Unpaid wages, Social Security   | ormation cluding whether d the returns rs  mp sum alimony, spousal support, child so ormation | State: Local:  support, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: penefits, sick pay, vacation pay, workers' compensation, | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1 Devlin   |                        | Johnson  | Case number (if known)                         |   |
|------|--|------------------------|--|--|---|
|      | First Name   | Middle Name            | Last Name  |  |   |
| 31.  | Interests in insurance po<br>Examples: Health, disability                          |                        | alth savings account (HSA); credit, h                            | omeowner's, or renter's insurance              |   |
|      | Yes. Name the insuran of each policy and list in                                   |                        | Company name:  | Beneficiary:                                   | Surrender or refund value:  |
| 32.  | Any interest in property to If you are the beneficiary of property because someone | a living trust, expect | someone who has died<br>proceeds from a life insurance policy    | v, or are currently entitled to receive        |   |
|      | Yes. Describe  |                        |  |  |   |
| 33.  |  |                        | you have filed a lawsuit or made urance claims, or rights to sue | a demand for payment                           |   |
| 34.  | Other contingent and unito set off claims  | iquidated claims of    | every nature, including counterc                                 | laims of the debtor and rights                 |   |
|      | ✓ No  Yes. Describe  |                        |  |  |   |
| 35.  | Any financial assets you   | did not already list   |  |  |   |
|      | No Yes. Describe   |                        |  |  |   |
| 36.  |  | -                      | n Part 4, including any entries fo                               |  | \$153.00  |
| Part | 5: Describe Any Busin  | ness-Related Pro       | perty You Own or Have an Ir                                      | nterest In. List any real estate in Part       | :1.   |
| 37.  | Do you own or have any l   | egal or equitable in   | terest in any business-related pro                               | operty?  |   |
|      | No. Go to Part 6. Yes. Go to line 38.  |                        |  | <b>р</b><br>С                                  | current value of the ortion you own? on the deduct secured claims rexemptions |
| 38.  | Accounts receivable or c   | ommissions you alre    | eady earned  |  |   |
|      | Yes. Describe  |                        |  |  |   |
| 39.  | Office equipment, furnish<br>Examples: Business-related                            |                        | , modems, printers, copiers, fax ma                              | chines, rugs, telephones, desks, chairs, elect | ronic devices   |
|      | ✓ No  Yes. Describe  |                        |  |  |   |
|      |  |                        |  |  |   |

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| Deb  | tor 1 Devlin                         | Johnson   | Case number (if known)      |  |
|------|--------------------------------------|---|-----------------------------|--|
|      | First Name                           | Middle Name Last Name                                       |                             |  |
| 40.  | Machinery, fixtures, equipmen        | nt, supplies you use in business, and tools of your tra     | ıde                         |  |
|      | <b>✓</b> No                          |   |                             |  |
|      | Yes. Describe                        |   |                             |  |
|      |                                      |   |                             |  |
|      | -                                    | -   |                             |  |
| 41.  | Inventory                            |   |                             |  |
|      | ✓ No                                 |   |                             |  |
|      | Yes. Describe                        |   |                             |  |
|      | Li resi Decemberii                   |   |                             |  |
|      |                                      | -   |                             |  |
| 42.  | Interests in partnerships or jo      | pint ventures   |                             |  |
|      | ✓ No                                 |   |                             |  |
|      |                                      | Name of entity:   | % of ownership:             |  |
|      | Yes. Give specific information about |   |                             |  |
|      | them                                 |   |                             | <del></del>                                |
|      |                                      |   |                             |  |
|      |                                      |   |                             |  |
| 12   | Customer lists, mailing lists, or    | r other compilations  |                             |  |
| 43.  | Customer lists, maning lists, or     | other compliations  |                             |  |
|      | <b>✓</b> No                          |   |                             |  |
|      | Yes. Do your lists include p         | ersonally identifiable information (as defined in 11 U.S.C. | § 101(41A))?                |  |
|      | — — Na                               |   |                             |  |
|      | □ No                                 |   |                             |  |
|      | Yes. Describe                        |   |                             | <del></del>                                |
| 11   | Any business-related property        | v vou did not already list                                  |                             |  |
| 77.  |                                      | y you are not already list                                  |                             |  |
|      | <b>✓</b> No                          |   |                             |  |
|      | Yes. Give specific                   |   |                             |  |
|      | information                          |   |                             | <del>-</del>                               |
|      |                                      |   |                             |  |
|      |                                      |   |                             |  |
|      |                                      |   |                             |  |
|      |                                      |   |                             |  |
|      |                                      |   |                             |  |
|      |                                      |   |                             | <del>-</del>                               |
| 4E A |                                      | antrica from Dart E. including any antrica for name         | a van hava attached         |  |
|      |                                      | ur entries from Part 5, including any entries for page:     |                             |  |
|      |                                      |   |                             |  |
| Part | t 6: Describe Any Farm- a            | nd Commercial Fishing-Related Property You                  | Own or Have an Interest In. |  |
|      | If you own or have an interest       | in farmland, list it in Part 1.                             |                             |  |
| 46.  | Do you own or have any legal         | or equitable interest in any farm- or commercial fis        | hing-related property?      |  |
|      | No. Go to Part 7.                    |   | C                           | Current value of the                       |
|      |                                      |   |                             | ortion you own?                            |
|      | Yes. Go to line 47.                  |   |                             | Oo not deduct secured claims or exemptions |
| 17   | Farm animals                         |   | O                           | i overilbrious                             |
| 47.  | Examples: Livestock, poultry, fa     | rm-raised fish  |                             |  |
|      |                                      | · · · · · · · · · · · · · · · · · · ·                       |                             |  |
|      | No No                                |   |                             |  |
|      | Yes. Describe                        |   |                             |  |
|      |                                      |   |                             |  |

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| Debt         |  | Johnson                | Case number (if known)       |             |
|--------------|--|------------------------|------------------------------|-------------|
|              | First Name Middle Name L   | ast Name               |                              |             |
| 48.          | Crops-either growing or harvested  |                        |                              |             |
|              | <b>✓</b> No  |                        |                              |             |
|              | Yes. Describe  |                        |                              |             |
|              | Tee: December  |                        |                              |             |
|              |  |                        |                              |             |
| 49.          | Farm and fishing equipment, implements, machinery, fixture   | es, and tools of trade |                              |             |
|              | No.  |                        |                              |             |
|              | No No Provide  |                        |                              |             |
|              | Yes. Describe  |                        |                              |             |
|              |  |                        |                              |             |
| 50.          | Farm and fishing supplies, chemicals, and feed   |                        |                              |             |
|              |  |                        |                              |             |
|              | No No  |                        |                              |             |
|              | Yes. Describe  |                        |                              |             |
|              |  |                        |                              |             |
| 51.          | Any farm- and commercial fishing-related property you did i  | not already list       |                              |             |
|              |  | ,                      |                              |             |
|              | No No  |                        |                              |             |
|              | Yes. Describe  |                        |                              |             |
|              |  |                        |                              |             |
|              |  |                        | Γ                            |             |
|              | dd the dollar value of all of your entries from Part 6, including  |                        |                              |             |
| for Pa       | art 6. Write that number here  |                        |                              |             |
|              |  |                        |                              |             |
|              |  |                        |                              |             |
|              | Describe All Drenarts Voy Over as Heye on Interes  | et in That Val. Did N  | lat List Above               |             |
| Part '       |  |                        | NOT LIST ADOVE               |             |
| 53.          | Do you have other property of any kind you did not already li<br>Examples: Season tickets, country club membership | ist?                   |                              |             |
|              |  |                        |                              |             |
|              | ✓ No   |                        |                              |             |
|              | Yes. Give specific   |                        |                              |             |
|              | information  |                        |                              |             |
|              |  |                        |                              |             |
|              |  |                        |                              |             |
| 54. A        | dd the dollar value of all of your entries from Part 7. Write tha  | at number here         |                              | <b>&gt;</b> |
|              |  |                        |                              |             |
|              |  |                        |                              |             |
|              |  |                        |                              |             |
|              |  |                        |                              |             |
|              |  |                        |                              |             |
| Part         | 8: List the Totals of Each Part of this Form   |                        |                              |             |
|              |  |                        |                              |             |
| 55. <b>F</b> | Part 1: Total real estate, line 2  |                        | <b>&gt;</b>                  |             |
|              |  |                        |                              |             |
| 56. <b>r</b> | part 2 total vehicles, line 5  | \$3775.00              | _                            |             |
| 57. <b>P</b> | Part 3: Total personal and household items, line 15  | \$1750.00              |                              |             |
| 58 <b>D</b>  | Part 4: Total financial assets, line 36  |                        | -                            |             |
| 30.1         | art 4. Total illianicial assets, line 50   | \$153.00               | <del>-</del>                 |             |
| 59. <b>F</b> | Part 5: Total business-related property, line 45   |                        |                              |             |
| 60. <b>F</b> | Part 6: Total farm- and fishing-related property, line 52  | -                      | -                            |             |
| 61. <b>F</b> | Part 7: Total other property not listed, line 54   |                        | -                            |             |
|              |  |                        |                              |             |
| 62. <b>1</b> | Total personal property. Add lines 56 through 61   | \$5678.00              | _                            | + \$5678.00 |
|              |  |                        | Copy personal property total |             |
|              |  |                        |                              | \$5678.00   |
| 63. <b>T</b> | otal of all property on Schedule A/B. Add line 55 + line 62  |                        |                              |             |

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| Debtor 1 | Devlin      |              | Johnson    | Case number (if known) |  |
|----------|-------------|--------------|------------|------------------------|--|
|          | First Names | Middle Nones | Look Money |                        |  |

#### Schedule A/B: Property. Additional page

| Part 3: Describe   | Part 3: Describe Your Personal and Household Items                 |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|
| Do you own or ha   | ave any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |  |  |  |
| 6.2. Household god | ods and furnishings  |  |  |  |  |  |
| No ✓ Yes. Describe | Furniture (table, bed) SURRENDER                                   | \$1000.00  |  |  |  |  |

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|---|---|---|--|--|---|
| Fill in   | n this inforr   | nation to identify your case  | e:   |  |   |
| Debt  | tor 1   | Devlin<br>First Name  | Middle Name  | Johnson<br>Last Name   |   |
| Debt<br>(Spou   | tor 2<br>use, if filing)  | First Name  | Middle Name  | Last Name  |   |
| Unite   | ed States B   | ankruptcy Court for the: N  | lorthern D   | istrict of Illinois  |   |
| Case<br>(If kno   | e number<br>own)  |   |  | (State)  |   |
| Off   | ficial  | Form 106C   |  |  | Check if this is ar amended filing  |
| Scl   | hedule  | C: The Prope  | rty You Claim a  | s Exempt   | 04/10   |
| addit<br>For e<br>state<br>the a<br>tax-e<br>unde<br>your<br>Part | each iten e a specif amount o exempt re er a law t exempti  I: Iden Which set | n of property you claim ic dollar amount as ex f any applicable statute etirement funds—may hat limits the exemption would be limited to tify the Property You Compare claiming state and federare claiming federal exemptions. | d case number (if known) as exempt, you must seempt. Alternatively, you ory limit. Some exempt be unlimited in dollar a on to a particular dollar the applicable statutory claim as Exempt eral nonbankruptcy exempt otions. 11 U.S.C. § 522(b)(2) | pecify the amount of the exemption may claim the full fair market valuions—such as those for health aids, amount. However, if you claim an examount and the value of the property amount.  The if your spouse is filing with you.  Stions. 11 U.S.C. § 522(b)(3) | a you claim. One way of doing so is to e of the property being exempted up to rights to receive certain benefits, and emption of 100% of fair market value ty is determined to exceed that amount |
|   |   | ription of the property an<br>hedule A/B that lists this  | d Current value of the portion you own  Copy the value from Schedule A/B   | Amount of the exemption you claim  Check only one box for each exemption.  | Specific laws that allow exemption  |
|   | Brief description Misc. Line from Schedule                                    | Household Goods   | \$350.00   | \$350.00  100% of fair market value, up to an applicable statutory limit   | 735 ILCS 5/12-1001(b)   |
| _   | Brief<br>description<br><b>Misc.</b>  | Used Clothing   | \$225.00   | \$225.00   | 735 ILCS 5/12-1001(a)   |

Line from

Schedule A/B:

☐ No

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

100% of fair market value, up to any

applicable statutory limit

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Debtor 1 Devlin Johnson Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$125.00 description: **✓** \$125.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$50.00 description: **✓** \$50.00 Misc. Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$12.00 description: **✓** \$12.00 Cash on hand 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 16 735 ILCS 5/12-1001(b) Brief \$41.00 description: \$41.00 Checking account, BMO 100% of fair market value, up to any Harris applicable statutory limit Line from Schedule A/B: 17 735 ILCS 5/12-1001(b) Brief \$100.00 description: \$100.00 Savings account, BMO

100% of fair market value, up to any

applicable statutory limit

Harris

17

Line from Schedule A/B:

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| Fill in          | this information                   | n to identify your ca                          | ase:                       |   |  |  |                                      |
|------------------|------------------------------------|--|----------------------------|---|--|--|--------------------------------------|
| Dobto            | or 1 Dovl                          | in   |                            | lohnoon   |  |  |                                      |
| Debto            |                                    | n<br>Name                                      | Middle Name                | Johnson<br>Last Name  |  |  |                                      |
| Debto            |                                    | T Carro  | Wildalo Haine              | Last Namo   |  |  |                                      |
|                  |                                    | Name   | Middle Name                | Last Name   |  |  |                                      |
| United           | d States Bankru                    | ptcy Court for the:                            | Northern                   | District of Illinois (State)  |  |  |                                      |
| Case<br>(If know | number<br>vn)                      |  |                            | (State)   |  |  |                                      |
| Off              | icial For                          | m 106D   |                            |   | •  |  | Check if this is a<br>amended filing |
| Scl              | hedule                             | D: Credit                                      | ors Who Ha                 | ve Claims Secure  | ed by Prop   | erty   | 12/1                                 |
| more s           | •                                  | ed, copy the Additi                            |                            | le are filing together, both are equa<br>mber the entries, and attach it to t | •  |  |                                      |
| 1. [             | Do any credito                     | ors have claims s                              | secured by your proper     | rty?  |  |  |                                      |
| Г                | -                                  |  |                            | with your other schedules. You hav  | e nothing else to rep                                  | ort on this form.                            |                                      |
| į                |                                    | all of the informatio                          |                            | ,   |  |  |                                      |
| Part             | 1: List All Se                     | ecured Claims                                  |                            |   |  |  |                                      |
| 2.               | List all secure                    | ed claims. If a cred                           | itor has more than one se  | cured claim, list the creditor  | Column A   | Column B                                     | Column C                             |
|                  |                                    |  | •                          | rticular claim, list the other creditors order according to the creditor's    | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any             |
| 2.1              | PELICAN AUT                        | O FINANCE L                                    | - Describe the property    | y that secures the claim:   | \$9,043.00   | \$3,775.00                                   | \$5,268.00                           |
|                  | Creditor's Name 9444 FARNHA Number | AM ST STE 200<br>Street                        | 2010 Mercury Grand M       |   |  |  |                                      |
|                  | SAN DIEGO                          | CA 02122                                       | Unliquidated               |   |  |  |                                      |
|                  | City                               | <b>CA</b> 92123 State ZIP Code                 | - <b>=</b>                 |   |  |  |                                      |
|                  | Who owes the                       | e debt? Check one.                             |                            |   |  |  |                                      |
|                  | ✓ Debtor 1 o                       | only   | Nature of lien. Check      | all that apply.   |  |  |                                      |
|                  | Debtor 2 o                         | only<br>and Debtor 2 only                      | An agreement you car loan) | made (such as mortgage or secured   |  |  |                                      |
|                  |                                    | ne of the debtors                              | Statutory lien (such       | n as tax lien, mechanic's lien)   |  |  |                                      |
|                  | and anoth                          |  | Judgment lien from         | n a lawsuit   |  |  |                                      |
|                  |                                    | this claim relates<br>munity debt              | Other (including a r       | right to offset)  |  |  |                                      |
|                  | Date debt wa incurred              | •  | Last 4 digits of accou     | int number1927  |  |  |                                      |
| 2.2              | ACCEPTANCE<br>Creditor's Name      | NOW  | - Describe the property    | y that secures the claim:   | \$5,539.00   | \$1,000.00                                   | \$4,539.00                           |
|                  | 5501 Headqu                        |  | Furniture (couch, table)   |   |  |  |                                      |
|                  | Number<br>ATTN: Accep              | Street otance Now                              | As of the date you file    | e, the claim is: Check all that apply.  |  |  |                                      |
|                  | Customer Se                        |  | - Unliquidated             |   |  |  |                                      |
|                  | Plano<br>City                      | TX 75024<br>State ZIP Code                     | - Disputed                 |   |  |  |                                      |
|                  | •                                  | e debt? Check one.                             | Nature of lien. Check      | all that apply.   |  |  |                                      |
|                  | Debtor 1 o                         | -  |                            | made (such as mortgage or secured   |  |  |                                      |
|                  | Debtor 2 o                         | •  | car loan)                  | a so tay lian machaniala lian)  |  |  |                                      |
|                  | =                                  | and Debtor 2 only<br>ne of the debtors         | Judgment lien from         | n as tax lien, mechanic's lien)<br>n a lawsuit                                |  |  |                                      |
|                  | and anoth                          |  | Other (including a         | right to offset)  |  |  |                                      |
|                  |                                    | this claim relates<br>munity debt<br>s 10/2016 | Last 4 digits of accou     | int number 5371   |  |  |                                      |
|                  | incurred                           | 10/2010  |                            |   |  |  |                                      |
|                  | Add t                              | the dollar value of                            | your entries in Column     | A on this page. Write that number   | \$14,582.00  |  |                                      |

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| Fill in                     | this infor  | mation to identify  | your case   | e:  |                              |   |   |   |  |   |
|-----------------------------|---|---|---|---|------------------------------|---|---|---|--|---|
| Debto                       | r 1   | Devlin  |   |   |                              | Johnson   |   |   |  |   |
| Debto                       | r 2   | First Name  |   | Middle Name   |                              | Last Name   |   |   |  |   |
|                             | e, if filing)   | First Name  |   | Middle Name   | 1                            | Last Name   |   |   |  |   |
| United                      | d States E  | Bankruptcy Court fo   | or the: N   | orthern   |                              | District of Illinois  |   |   |  |   |
| Case r                      | number<br><sup>n)</sup>   |   |   |   |                              | (State)   |   |   |  |   |
| Offic                       | cial F  | orm 106E/   | F   |   |                              |   | _   | Che   | ck if this is an   | amended filing                                  |
| Sch                         | hedu  | ule E/F: (  | Cred  | litors Wh   | o I                          | Have Unsecure   | d Claims  |   |  | 12/15   |
| other p<br>Form 1<br>claims | party to a local party | any executory cor<br>and on Schedule<br>e listed in Schedu<br>he boxes on the l | ntracts or<br>G: Execut<br>le D: Cred<br>eft. Attac | r unexpired leases<br>tory Contracts and<br>ditors Who Hold Cl        | that of Unexaims on Pag      | is with PRIORITY claims and Pa<br>could result in a claim. Also list<br>pired Leases (Official Form 106<br>Secured by Property. If more sp<br>e to this page. On the top of an                | executory contract<br>G). Do not include a<br>ace is needed, copy | s on <i>Schedu</i><br>any creditor<br>the Part yo | <i>lle A/B: Prop</i><br>s with partia<br>ou need, fill i | erty (Official<br>Illy secured<br>t out, number |
| 1. [                        | -   |   | rity unse   | cured claims agai   | nst yo                       | u?  |   |   |  |   |
| Ļ                           | =   | Go to Part 2.   |   |   |                              |   |   |   |  |   |
| 2. L                        | ist all of isted, idea is much Continuat  | ntify what type of c<br>as possible, list the<br>ion Page of Part 1.            | claim it is. I<br>claims in<br>If more th           | If a claim has both p<br>alphabetical order a<br>nan one creditor hol | oriority<br>ccordi<br>ds a p | ore than one priority unsecured cla<br>and nonpriority amounts, list that<br>ng to the creditor's name. If you harticular claim, list the other creditor<br>this form in the instruction book | claim here and show<br>have more than two pors in Part 3.         | both priority                                     | and nonprio  | rity amounts.                                   |
|                             |   |   |   |   |                              |   |   | Total<br>claim                                    | Priority amount  | Nonpriority amount                              |
| 2.1                         |   | epartment of Healt  | h and Fan   | nily Services c/o   | Lá                           | est 4 digits of account number  |   | \$0.00  | \$0.00   | \$0.00  |
|                             |   | a Townsend<br>Creditor's Name   |   |   | _                            | hen was the debt incurred?  | n/a   |   |  |   |
|                             |   | irand Ave E   |   |   | _ A:                         | of the date you file, the claim   | is: Check all that  |   |  |   |
|                             | Number  | Oliveet   |   |   |                              | ply.  |   |   |  |   |
|                             | On via refi   | alal IIII.a   | -:-   | 00700   | Ļ                            | Contingent  |   |   |  |   |
|                             | Springfie City  | eld Illin<br>Stat   |   | 62762<br>Zip Code   | -  -                         | Unliquidated Disputed   |   |   |  |   |
|                             |   | curred the debt? (<br>otor 1 only   | Check one   | 9.  |                              | pe of PRIORITY unsecured clai   | m:  |   |  |   |
|                             |   | otor 2 only   |   |   | Г                            | Domestic support obligations  |   |   |  |   |
|                             |   | otor 1 and Debtor 2   | only  |   | Ē                            | Taxes and certain other debts y   | ou owe the  |   |  |   |
|                             |   | east one of the deb   |   | another   | _                            | government Claims for death or personal inju  | ını while you were  |   |  |   |
|                             | Che   | eck if this claim re  | elates to   | a community debt  | _                            | intoxicated   | ,   |   |  |   |
|                             | ls the c  | laim subject to of  | ffset?  |   | <b>∠</b>                     | Other. Specify Otl  | ner   |   |  |   |
|                             | ✓ No  Yes   |   |   |   |                              |   |   |   |  |   |
| 2.2                         |   | epartment of Hum<br>Creditor's Name   | an Service  | es  | – La                         | st 4 digits of account number   |   | \$0.00  | \$0.00   | \$0.00  |
|                             | c/o: Can  | nille: 100 S GRAND  | AV EAST   |   | _ w                          | hen was the debt incurred?  | n/a   |   |  |   |
|                             | Number  | Street  |   |   |                              | of the date you file, the claim ply.  | is: Check all that  |   |  |   |
|                             | Springfie   | eld Illin   | ois   | 62705   | Ĺ                            | Contingent  |   |   |  |   |
|                             | City  | Stat  |   | Zip Code  |                              | Unliquidated  |   |   |  |   |
|                             |   | curred the debt? (<br>otor 1 only   | OHECK OHE   | <del>.</del>  | L                            | Disputed  |   |   |  |   |
|                             | Deb   | otor 2 only   |   |   | T)                           | pe of PRIORITY unsecured clai   | m:  |   |  |   |
|                             | Deb   | otor 1 and Debtor 2   | only  |   | F                            | Domestic support obligations  Taxes and certain other debts y   | OU OWE the  |   |  |   |
|                             | At le   | east one of the deb   | tors and a  | another   | _                            | government  | OG OWO UIG  |   |  |   |
|                             | Che   | eck if this claim re  | elates to   | a community debt  |                              | Claims for death or personal injuintoxicated  | ury while you were  |   |  |   |
|                             | Is the c  | laim subject to of  | ffset?  |   | ~                            | <b>3</b> 011 0 11   | ner   |   |  |   |
| Offic                       | Yes<br>Clar Form  | 106E/F  |   | Schedul   | e E/F                        | Creditors Who Have Unsecured  | d Claims  |   |  | page 1  |

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Debtor 1 Devlin Johnson Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 AD ASTRA RECOVERY SERV \$1,061.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2/2017 7330 W 33RD ST N STE 118 Number Street As of the date you file, the claim is: Check all that apply. Contingent **WICHITA** 67205 Kansas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: SPEEDY **✓** No Other. Specify CASH 128 Yes Americ Cash Loans 4.2 \$1,200.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 56 East Chicago n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60068 Chicago Zip Code Disputed City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Payday, garnishment Is the claim subject to offset? **✓** No Yes Capital One \$300.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Po Box 30285 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Salt Lake Cty 84130 Utah City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Credit Card Other. Specify \_ Is the claim subject to offset? **✓** No Yes

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Debtor 1 Devlin Johnson Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** CAPITAL ONE 4.4 \$226.00 0025 Last 4 digits of account number Nonpriority Creditor's Name P O Box 30253 When was the debt incurred? 5/2016 Number As of the date you file, the claim is: Check all that apply. Contingent Salt Lake City Utah 84130 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes **CBE GROUP** \$577.00 Last 4 digits of account number 3454 Nonpriority Creditor's Name 131 TOWER PARK DRI PO BOX 900 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent WATERLOO 50704 Iowa Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: **✓** No Other. Specify COMCAST 4.6 Chase \$800.00 Last 4 digits of account number Nonpriority Creditor's Name National Bank By Mail When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Kentucky 40233 Louisville City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims

**✓** No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

debts

Other. Specify \_

Debts to pension or profit-sharing plans, and other similar

Debit Card Overdraft

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Debtor 1 Devlin Johnson Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 City of Chicago - Parking and red Light Tickets \$100.00 Last 4 digits of account number Nonpriority Creditor's Name Department of Revenue - PO Box 88292 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60680 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Red Light Ticket Is the claim subject to offset? **✓** No Yes \$3,500.00 DEPT OF ED/NAVIENT 0815 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name When was the debt incurred? 8/2016 PO BOX 9635 Number As of the date you file, the claim is: Check all that apply. Contingent WILKES BARRE 18773 Pennsylvania Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **✓** No Yes DEPT OF ED/NAVIENT 4.9 \$3,166.00 Last 4 digits of account number 0115 Nonpriority Creditor's Name When was the debt incurred? 1/2016 PO BOX 9635 Number As of the date you file, the claim is: Check all that apply. Contingent WILKES BARRE 18773 Pennsylvania Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts

✓ No ☐ Yes

Is the claim subject to offset?

Other. Specify

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Debtor 1 Devlin Johnson Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 **DEPT OF ED/NAVIENT** \$3,121.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 9635 When was the debt incurred? 5/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent WILKES BARRE Pennsylvania 18773 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes 4.11 DEPT OF ED/NAVIENT \$2,632.00 Last 4 digits of account number 0815 Nonpriority Creditor's Name PO BOX 9635 When was the debt incurred? 8/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent WILKES BARRE Pennsylvania 18773 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes DEPT OF ED/NAVIENT 4.12 \$1,750.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 9635 When was the debt incurred? 5/2016 Number As of the date you file, the claim is: Check all that apply. Contingent WILKES BARRE 18773 Pennsylvania Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? No

Yes

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Debtor 1 Devlin Johnson Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** DEPT OF ED/NAVIENT 4.13 \$1,750.00 Last 4 digits of account number 0115 Nonpriority Creditor's Name When was the debt incurred? 1/2016 PO BOX 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent <u>Penn</u>sylvania WILKES BARRE 18773 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes 4.14 DEPT OF ED/NAVIENT \$1,283.00 Last 4 digits of account number 0815 Nonpriority Creditor's Name PO BOX 9635 When was the debt incurred? 8/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent WILKES BARRE 18773 Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes FIFTH THIRD 4.15 \$300.00 Last 4 digits of account number Nonpriority Creditor's Name 5050 Kingsley Dr When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Ohio 45227 Cincinnati Zip Code City State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify \_ Debit Card Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Devlin Johnson Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 HARVARD COLLECTION \$572.00 Last 4 digits of account number Nonpriority Creditor's Name 4839 ELSTON AVE When was the debt incurred? 11/2016 Number As of the date you file, the claim is: Check all that apply. Contingent CHICAGO Illinois 60630 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **|** ORIGINAL CREDITOR: IL DEPARTMENT OF HUMAN **SERVICE** Other. Specify Yes 4.17 People's Gas \$200.00 Last 4 digits of account number Nonpriority Creditor's Name 130 E. Randolph Drive When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Other Is the claim subject to offset? **✓** No Yes South Beach Apartments 4.18 \$2,400.00 Last 4 digits of account number Nonpriority Creditor's Name 7716 S South Shore Dr When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60649 Chicago Illinois Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Back Rent - SURRENDERING Other. Specify Is the claim subject to offset? **✓** No

Yes

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| Debtor  | 1 Devlin First Name Middle Name  | Johnson<br>Last Name | Case number (if known)  |             |
|---------|--|----------------------|---|-------------|
| Part 2: | Your NONPRIORITY Unsecured Claims  | - Continuation Pa    | ge  |             |
|         | After listing any entries on this page, number th                                  | em beginning with 4  | 1.5, followed by 4.6, and so forth.   | Total claim |
| 4.19    | VERIZON Nonpriority Creditor's Name NATIONAL RECOVERY P.O. BOX 26055 Number Street | w                    | ast 4 digits of account number //hen was the debt incurred?  s of the date you file, the claim is: Check all that apply.  | \$1,000.00  |
|         |  | 0                    | Contingent Unliquidated Disputed  ype of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cell Phone |             |
|         | ✓ No  Yes  |                      |   |             |

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Debtor 1 Devlin Johnson Case number (if known)

| First Na                 | me Middle Name Last Name  |         |              |
|--------------------------|---|---------|--------------|
| Part 4: Add t            | ne Amounts for Each Type of Unsecured Claim   |         |              |
| 6. Total the a           | nmounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.  | s for s |              |
|                          |   |         | Total claims |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00       |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00       |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00       |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.     | \$0.00       |
|                          | 6e. Total. Add lines 6a through 6d.   | 6e.     | \$0.00       |
|                          |   |         | Total claims |
| Total claims from Part 2 | 6f. Student loans   | 6f.     | \$17,202.00  |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.     | \$0.00       |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.     | \$0.00       |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i.     | \$8,736.00   |
|                          | 6i Total Add lines 6f through 6i  | 6i      | \$25,938.00  |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Devlin                    | Johnson     |                              |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number (If known)                          |                           |             |                              |  |  |  |  |

#### Official Form 106G

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or compar       | ny with whom you have | the contract or lease | State what the contract or lease is for |  |  |  |  |
|------------------------|-----------------------|-----------------------|---|--|--|--|--|
| 2.1 South Beach Aparti | ments                 |                       | Other,<br>Other.                        |  |  |  |  |
| Name                   |                       |                       | Residential Lease                       |  |  |  |  |
| 7716 S South Shor      | re Dr                 |                       | nesidential Lease                       |  |  |  |  |
| Number                 | Street                | <u>-</u>              |   |  |  |  |  |
| Chicago                | Illinois              | 60649                 |   |  |  |  |  |
| City                   | State                 | Zip Code              |   |  |  |  |  |

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|            |                          |   | Do                             | ισαιτιστι ταξ             | JC 34 01 7     | <b>L</b>   |
|------------|--------------------------|---|--------------------------------|---------------------------|----------------|--|
| Filli      | n this infor             | mation to identify your o                 | case:                          |                           |                |  |
| Deb        | tor 1                    | Devlin                                    |                                | Johnson                   |                |  |
|            |                          | First Name                                | Middle Name                    | Last Name                 |                |  |
|            | tor 2<br>use, if filing) | First Name                                | Middle Name                    | Last Name                 |                |  |
| Unit       | ed States E              | Sankruptcy Court for the:                 | Northern                       | District of Illinois      |                |  |
| Cas        | e number                 |   |                                | (State)                   |                |  |
| (          | ,                        |   |                                |                           |                | Check if this is an  |
| $\sim$ t   | £: -: -1                 |   |                                |                           |                | amended filing   |
| <u>U</u> I | iiciai                   | Form 106H                                 |                                |                           |                |  |
| Sc         | hedul                    | e H: Your Co                              | debtors                        |                           |                | 12/15  |
| 1.         | Do you ha No Yes         | r every question. ve any codebtors? (If y | ou are filing a joint case, do | not list either spouse as | s a codebtor.) | itional Pages, write your name and case number (if             |
| 2.         | Idaho, Lou               | isiana, Nevada, New Me                    | xico, Puerto Rico, Texas, W    |                           |                | r property states and territories include Arizona, California, |
|            |                          | Go to line 3.<br>Did vour spouse form     | er spouse, or legal equiva     | lent live with you at the | e time?        |  |
|            | ш                        | No  | or opodoo, or logal oquive     | ione iivo wiai yod ae ark | Juno.          |  |
|            |                          | Yes. In which communi                     | ty state or territory did you  | ı live?                   | Fill in the    | name and current address of that person.                       |
|            |                          | Name of your spouse,                      | former spouse, or legal equ    | ivalent                   |                |  |
|            |                          | Number Street                             |                                |                           |                |  |
|            |                          | City                                      | State                          | Zip C                     | Code           |  |
| 3.         |                          | •   | •                              | •                         |                | e is filing with you. List the person shown in line 2          |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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|                                  |   | 20                                      | Jan. 19116               | . ago <b>oo</b>  | · · -      |  |                      |
|----------------------------------|---|---|--------------------------|------------------|------------|--|----------------------|
| Fill in this                     | information to identify                         | your case:                              |                          |                  |            |  |                      |
| Debtor 1                         | Devlin  |   | Johns                    | on               |            |  |                      |
|                                  | First Name                                      | Middle Name                             | Last N                   |                  | — Che      | eck if this is:  |                      |
| Debtor 2                         | ling) First Name                                | Middle Name                             | Last N                   | ama              | -          | An amended filing  |                      |
|                                  |   |   |                          |                  |            | A supplement showing post-   | -petition chapter 13 |
| United Stat<br>the:<br>Case numb | tes Bankruptcy Court for                        | Northern                                | _ District of Illi<br>(S | nois<br>State)   |            | expenses as of the following   |                      |
| (If known)                       | Jei   |   |                          |                  | _          | MM / DD / YYYY   |                      |
| Officia                          | l Form 106I                                     |   |                          |                  |            |  |                      |
| Sched                            | ule I: Your In                                  | come                                    |                          |                  |            |  | 12/15                |
| spouse. If I                     |   | l, attach a separate she<br>y question. |                          | -                |            | not include information include information include in | -                    |
| 1. Fill in y                     | your employment                                 |   | Debtor 1                 |                  |            | Debtor 2   |                      |
|                                  |   | Employment status                       | <b>✓</b> Emplo           | yed              |            | Employed   |                      |
| attach a                         | nave more than one job,<br>a separate page with |   | Not Er                   | mployed          |            | Not Employed   |                      |
| informa<br>employ                | ation about additional<br>vers.                 | Occupation                              | Operator                 |                  |            | _  |                      |
|                                  | e part time, seasonal, or ployed work.          | Employer's name                         | Rupari Fo                | od Services Inc. |            |  |                      |
|                                  | ation may include student                       |   |                          | entworth Avenue  |            |  |                      |
|                                  | emaker, if it applies.                          |   | Number Str               | reet             |            | Number Street  |                      |
|                                  |   |   |                          |                  |            | _  |                      |
|                                  |   |   | South<br>Holland         | Illinois         | 60473      | City State   | e Zip Code           |
|                                  |   | How long employed                       | City                     | State            | Zip Code   |  |                      |
|                                  |   | there?                                  |                          |                  |            |  |                      |
| Part 2:                          | Give Details About N                            | Nonthly Income                          |                          |                  |            |  |                      |
| spouse ur<br>If you or y         | nless you are separated.                        | e more than one employer,               |                          | information for  | -          | write \$0 in the space. Include or that person on the lines be   |                      |
|                                  |   | ary, and commissions (befo              |                          | 2.               | \$3,121.73 | non-filing spouse  |                      |
|                                  | nate and list monthly over                      | rtime pay.                              |                          | 3.               | + \$0.00   |  |                      |
| 4. Calc                          | ulate gross income. Add li                      | ine 2 + line 3.                         |                          | 4.               | \$3,121.73 |  |                      |
|                                  |   |   |                          | 1                |            |  |                      |

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| Debtor 1 Devlin First Name Middle Name   | Johnson<br>Last Name | Case number   known)       | (if                               |                     |
|--|----------------------|----------------------------|-----------------------------------|---------------------|
| THOU NAME OF THE PARTY OF THE P | Last Hame            | For Debtor 1               | For Debtor 2 or non-filing spouse |                     |
| Copy line 4 here   | <b>→</b> 4.          | \$3,121.73                 |                                   |                     |
| 5. List all payroll deductions:  |                      |                            |                                   |                     |
| 5a. Tax, Medicare, and Social Security deductions  | 5a.                  | \$641.68                   |                                   |                     |
| 5b. Mandatory contributions for retirement plans   | 5b.                  | \$0.00                     |                                   |                     |
| 5c. Voluntary contributions for retirement plans   | 5c.                  | \$0.00                     |                                   |                     |
| 5d. Required repayments of retirement fund loans   | 5d.                  | \$0.00                     |                                   |                     |
| 5e. Insurance  | 5e.                  | \$0.00                     |                                   |                     |
| 5f. Domestic support obligations   | 5f.                  | \$325.00                   |                                   |                     |
| 5g. Union dues   | 5g.                  | \$26.00                    |                                   |                     |
| 5h. Other deductions. Specify:   | 5h.                  | + \$0.00 +                 |                                   |                     |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5h$ .   | +5f + 5g 6.          | \$992.68                   |                                   |                     |
| 7. Calculate total monthly take-home pay. Subtract line 6 from   | line 4. 7.           | \$2,129.05                 |                                   |                     |
| 8. List all other income regularly received:   |                      |                            |                                   |                     |
| 8a. Net income from rental property and from operating a business, profession, or farm   |                      |                            |                                   |                     |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, a the total monthly net income.  |                      | \$0.00                     |                                   |                     |
| 8b. Interest and dividends   | 8b.                  | \$0.00                     |                                   |                     |
| 8c. Family support payments that you, a non-filing spouse, dependent regularly receive   | or a                 |                            |                                   |                     |
| Include alimony, spousal support, child support, maintenan divorce settlement, and property settlement.  | ce,<br>8c.           | \$0.00                     |                                   |                     |
| 8d. Unemployment compensation  | 8d.                  | \$0.00                     |                                   |                     |
| 8e. Social Security  | 8e.                  | \$0.00                     |                                   |                     |
| 8f. Other government assistance that you regularly received Include cash assistance and the value (if known) of any non cash assistance that you receive, such as food stamps (benefit under the Supplemental Nutrition Assistance Program) or housing subsidies Specify:  | -                    | \$0.00                     |                                   |                     |
| 8g. Pension or retirement income   | 8g.                  | \$0.00                     |                                   |                     |
| 8h. Other monthly income. Specify:   | 8h.                  | + \$0.00 +                 |                                   |                     |
| 9. Add all other income Add lines $8a + 8b + 8c + 8d + 8e + 8f + 8e$   | 3g + 8h. 9.          | \$0.00                     |                                   |                     |
| 10. <b>Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing  | 10.<br>g spouse      | \$2,129.05 +               | =                                 | \$2,129.05          |
| 11. State all other regular contributions to the expenses that<br>Include contributions from an unmarried partner, members of yearing friends or relatives. Do not include any amounts already included in lines 2-10 or ar  | our household, yo    | ur dependents, your roomma |                                   |                     |
| Specify:   |                      |                            | 11                                | . + \$0.00          |
| 12. Add the amount in the last column of line 10 to the amount Write that amount on the Summary of Schedules and Statistical   |                      |                            |                                   | \$2,129.05 Combined |
| 13. Do you expect an increase or decrease within the year aft  | er you file this fo  | rm?                        |                                   | monthly income      |
| Yes. Explain:  |                      |                            |                                   |                     |

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|  |                                 | Do  | cument Page 37 of   | 71                                  |                         |              |
|--|---------------------------------|---|---|-------------------------------------|-------------------------|--------------|
| Fill in this infor                                     | mation to identify y            | our case:   |   |                                     |                         |              |
| Debtor 1   | Devlin                          |   | Johnson   |                                     |                         |              |
| Dobtor 0   | First Name                      | Middle Name   | Last Name   | Check if this is:                   |                         |              |
| Debtor 2<br>(Spouse, if filing)                        | First Name                      | Middle Name   | Last Name   | An amended filing                   |                         |              |
| United States B  | ankruptcy Court for             | the: Northern   | District of Illinois (State)  | A supplement sho expenses as of the |                         | •            |
| Case number (If known)                                 |                                 |   |   | MM / DD / YYYY                      | <del></del>             |              |
|  | Form 106<br>e <b>J: Your E</b>  | <del></del>   |   |                                     |                         | 12/15        |
| Be as complete<br>information. If i<br>(if known). Ans | and accurate as                 | possible. If two married peopleded, attach another sheet to | e are filing together, both are eq<br>his form. On the top of any addit |                                     | _                       |              |
| 1. Is this a join                                      | nt case?                        |   |   |                                     |                         |              |
| ✓ No. Go   | to line 2                       |   |   |                                     |                         |              |
| Yes. Do  | oes Debtor 2 live in            | a separate household?   |   |                                     |                         |              |
|  | ¬ No                            |   |   |                                     |                         |              |
| -  | ┛<br>┓Yes. Debtor 2 mu          | ust file Official Forms 106J-2, <i>Ex</i>   | penses for Separate Household of I                                      | Debtor 2.                           |                         |              |
| 2. Do vou have   |                                 | No  | <u>'</u>  |                                     |                         |              |
| Do not list D<br>Debtor 2.                             |                                 | Yes. Fill out this information f  | Or Dependent's relationship to Debtor 1 or Debtor 2                     | Dependent's age                     | Does depen<br>with you? | dent live    |
|  | enses include<br>f people other | No  |   |                                     |                         |              |
| than<br>yourself and<br>dependents                     | d your                          | Yes   |   |                                     |                         |              |
|  |                                 | ing Monthly Expenses  |   |                                     |                         |              |
| _  | f a date after the b            |   | ss you are using this form as a su<br>supplemental Schedule J, check    | • •                                 | -                       |              |
|  | •                               | on-cash government assistan<br>led it on <i>Schedule I: Your Inco</i>                           | -   |                                     | Y                       | our expenses |
|  | or home ownershi                |   | . Include first mortgage payments a                                     | and                                 | 4.                      | \$800.00     |
| If not incl  | uded in line 4:                 |   |   |                                     |                         |              |
| 4a. Real es  | state taxes                     |   |   |                                     | 4a                      | \$0.00       |

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Devlin
 Johnson
 Case number (if known)

 Last Name
 Last Name

|   |     | Your expenses |
|---|-----|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.  | \$0.00        |
| 6. Utilities:   |     |               |
| 6a. Electricity, heat, natural gas  | 6a. | \$180.00      |
| 6b. Water, sewer, garbage collection  | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c. | \$190.00      |
| 6d. Other. Specify:   | 6d  | \$0.00        |
| 7. Food and housekeeping supplies   | 7.  | \$400.00      |
| 8. Childcare and children's education costs   | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning  | 9.  | \$115.00      |
| 10. Personal care products and services   | 10. | \$100.00      |
| 11. Medical and dental expenses   | 11. | \$70.00       |
| <ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments</li> </ol>                       | 12. | \$285.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13. | \$0.00        |
| 14. Charitable contributions and religious donations  | 14. | \$0.00        |
| <ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul>                      |     |               |
| 15a. Life insurance   | 15a | \$0.00        |
| 15b. Health insurance   | 15b | \$0.00        |
| 15c. Vehicle insurance  | 15c | \$0.00        |
| 15d. Other insurance. Specify:  | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.   |     |               |
| Specify:  | 16  | \$0.00        |
| 17. Installment or lease payments:  | 10  |               |
| 17a. Car payments for Vehicle 1   | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2   | 17b | \$0.00        |
| 17c. Other. Specify:  | 17c | \$0.00        |
| 17d. Other. Specify:  | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from   |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18. |               |
| 19.Other payments you make to support others who do not live with you.  |     |               |
| Specify:  | 19. | \$0.00        |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property | 00- | <b>#0.00</b>  |
| 20b. Real estate taxes.   | 20a | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20b | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.  | 20c | \$0.00        |
|   | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues  | 20e | \$0.00        |

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| Debtor 1        |                        |  | Johnson     | Case number (if known) |     |            |
|-----------------|------------------------|--|-------------|------------------------|-----|------------|
|                 | First Name             | Middle Name  | Last Name   |                        |     |            |
| 21. <b>Othe</b> | r. Specify:            |  |             |                        | 21  | \$0.00     |
|                 |                        |  |             |                        |     |            |
|                 | ulate your monthly e   | •  |             |                        |     | \$2,140.00 |
|                 | Add lines 4 through 21 |  |             |                        |     | \$0.00     |
|                 | , ,                    | expenses for Debtor 2), if any,                                      |             |                        |     | \$2,140.00 |
| 22c. /          | Add line 22a and 22b.  | The result is your monthly exp                                       | enses.      |                        | 22. |            |
| 23.Calcu        | ılate your monthly ne  | et income.   |             |                        |     |            |
| 23a. (          | Copy line 12 (your com | nbined monthly income) from  | Schedule I. |                        | 23a | \$2,129.05 |
| 23b.            | Copy your monthly exp  | penses from line 22 above.   |             |                        | 23b | \$2,140.00 |
| 23c. S          | Subtract your monthly  | expenses from your monthly in  | ncome.      |                        |     | (\$10.95)  |
|                 | The result is your mon | thly net income.   |             |                        | 23c |            |
| mort            |                        | et to finish paying for your car I<br>ase or decrease because of a r |             |                        |     |            |
|                 |                        |  |             |                        |     |            |

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| Fill in this infor     | mation to identify your c | ase:        |                      |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1               | Devlin                    |             | Johnson              |
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               |                           |             |                      |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Sankruptcy Court for the: | Northern    | District of Illinois |
|                        |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

#### Official Form 106Dec

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                  | nelp you fill out bankruptcy forms?   |
|     | <b>☑</b> No  |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and   |
| ×   | /s/ Devlin Johnson   | *   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 5/31/2017   | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

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| Fill in 4    | hia infan  | motion to identify,   |   |   |                               |                                    |                 |   |
|--------------|--|---|---|---|-------------------------------|------------------------------------|-----------------|---|
|              |  | mation to identify yo   | ir case.                                    |   |                               |                                    |                 |   |
| Debto        | r 1  | Devlin<br>First Name  | Middle                                      | Name Last Na  |                               | -                                  |                 |   |
| Debto        |  |   |   |   |                               | _                                  |                 |   |
| (Spouse      | e, if filing)                                    | First Name  | Middle                                      | Name Last Na  | ame                           |                                    |                 |   |
| United       | States B   | Bankruptcy Court for t  | ne: Northern                                | District of Illi<br>(S  | nois<br>tate)                 |                                    |                 |   |
| Case r       | number   | -   |   | ,-  |                               | -                                  |                 |   |
|              |  | Form 107  |   |   |                               |                                    |                 | Check if this is amended filing                               |
|              |  |   | ial Affaira                                 | for Individual  | . Filima fa                   | n Danke                            |                 | Ţ.  |
| Be as inform | complet<br>ation. It                             | te and accurate as  | possible. If two n<br>eded, attach a sep    | for Individuals  narried people are filin  parate sheet to this for | g together, bot               | h are equally                      | responsible for |   |
| Part 1       | Give   | Details About Yo  | ur Marital Status                           | s and Where You Live  | ed Before                     |                                    |                 |   |
| 1.           | What is:   | your current marita   | status?                                     |   |                               |                                    |                 |   |
|              |  |   |   |   |                               |                                    |                 |   |
|              | Mar  | rried   |   |   |                               |                                    |                 |   |
|              |  | rried<br>married  |   |   |                               |                                    |                 |   |
| 2.           | ✓ Not  | married   | e you lived anywhei                         | re other than where you   | live now?                     |                                    |                 |   |
| 2.           | Not  During t                                    | married   | e you lived anywhei                         | re other than where you   | live now?                     |                                    |                 |   |
| 2.           | Not  During t  No                                | married   |   | re other than where you<br>st 3 years. Do not include               |                               | now.                               |                 |   |
| 2.           | Not  During t  No                                | married   |   |   |                               | now.                               |                 |   |
| 2.           | Not  During t  No Yes                            | married   |   |   | e where you live              | now.                               |                 | Dates Debtor 2 lived there                                    |
| 2.           | Not  During t  No Yes                            | married  he last 3 years, have  List all of the place   |   | st 3 years. Do not include  Dates Debtor 1 lived                    | e where you live  Debtor 2:   | now.<br>as Debtor 1                |                 |   |
| 2.           | During t  No  Yes  Deb                           | married  he last 3 years, have  List all of the place   |   | st 3 years. Do not include  Dates Debtor 1 lived there              | e where you live  Debtor 2:   |                                    |                 | there Same as Debtor 1  |
| 2.           | During t  No Yes  Deb                            | married  he last 3 years, have  List all of the place  otor 1:  |   | Dates Debtor 1 lived there  | e where you live  Debtor 2:   | as Debtor 1                        |                 | there  Same as Debtor 1  From                                 |
| 2.           | Not  During t  No  Yes  Deb                      | married  he last 3 years, have  List all of the place  otor 1:  Belle Court  nber Street  | s you lived in the las                      | st 3 years. Do not include  Dates Debtor 1 lived there              | Debtor 2:                     | as Debtor 1                        |                 | there Same as Debtor 1  |
| 2.           | During t  No Yes  Deb                            | married  he last 3 years, have  List all of the place  otor 1:  Belle Court  nber Street  |   | Dates Debtor 1 lived there  | Debtor 2:                     | as Debtor 1                        | Zip Code        | there  Same as Debtor 1  From                                 |
| 2.           | Not  During t  No  Yes  Deb                      | married  he last 3 years, have  List all of the place  otor 1:  Belle Court  nber Street  | s you lived in the las                      | Dates Debtor 1 lived there  | Debtor 2:  Same a  Number Sti | as Debtor 1<br>reet                | Zip Code        | there  Same as Debtor 1  From                                 |
| 2.           | Not  During t  No  Yes  Deb  509  Nun  Han  City | married  he last 3 years, have  List all of the place  otor 1:  Belle Court  nber Street  | s you lived in the las                      | Dates Debtor 1 lived there  From 08/2015 To 02/2016                 | Debtor 2:  Same a  Number Sti | as Debtor 1 reet State             | Zip Code        | there  Same as Debtor 1  From To  Same as Debtor 1            |
| 2.           | Not  During t  No  Yes  Deb  509  Nun  Han  City | married  he last 3 years, have  List all of the place  ptor 1:  Belle Court  her Street  yey  Illinois  State                           | s you lived in the las                      | Dates Debtor 1 lived there  From 08/2015 To 02/2016  From 02/2016   | Debtor 2:  Same a  Number Sti | as Debtor 1 reet State as Debtor 1 | Zip Code        | there  Same as Debtor 1  From To  Same as Debtor 1  From From |
| 2.           | Not  During t  No  Yes  Deb  509  Nun  Han  City | married  he last 3 years, have  List all of the place  ptor 1:  Belle Court  nber Street  vey Illinois  State                           | s you lived in the las<br>60426<br>Zip Code | Dates Debtor 1 lived there  From 08/2015 To 02/2016                 | Debtor 2:  Same a  Number Str | as Debtor 1 reet State as Debtor 1 | Zip Code        | there  Same as Debtor 1  From To  Same as Debtor 1            |
| 2.           | Not  During t  No  Yes  Deb  509  Nun  Han  City | married  he last 3 years, have  List all of the place  otor 1:  Belle Court  nber Street  vey Illinois  State  61 Glen Oak  nber Street | s you lived in the las                      | Dates Debtor 1 lived there  From 08/2015 To 02/2016  From 02/2016   | Debtor 2:  Same a  Number Str | as Debtor 1 reet State as Debtor 1 | Zip Code        | there  Same as Debtor 1  From To  Same as Debtor 1  From From |

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Johnson

Debtor 1 Devlin Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$13322.93 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$25719.00 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$5522.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Gross income from Sources of income Sources of income Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: Est. 2016 (Jan through For last calendar year: Aug) \$657.00 (January 1 to December 31, 2016 Linc 2015 Est. (Sept-For the calendar year before that: \$776.00 Dec.) (January 1 to December 31, 2015

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Johnson Debtor 1 Devlin \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| or 1              | Devlin                                  |  |   | Jol                                    | hnson  | Case number                                 | (if known)   |
|-------------------|---|--|---|--|--|---|--|
|                   | First Name                              |  | Middle Name   | Las                                    | t Name                                       |   |  |
| nsi<br>orp<br>ige | ders include your<br>porations of whicl | relatives; a<br>n you are a<br>for a busin | ny general partners<br>n officer, director, p<br>ess you operate as | s; relatives of any person in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | who was an insider?  you are a general partner; g securities; and any managing c domestic support obligations, |
| <b>✓</b>          | No                                      |  |   |  |  |   |  |
|                   | Yes. List all pay                       | ments to a                                 | an insider.   |  |  |   |  |
|                   |   |  |   | Dates of payment                       | Total amount paid                            | Amount you still owe                        | Reason for this payment  |
|                   | Insider's Name                          |  |   |  |  |   |  |
|                   | Number Street                           |  |   |  |  |   |  |
|                   | City                                    | State                                      | Zip Code  |  |  |   |  |
|                   | Insider's Name                          |  |   |  |  |   |  |
|                   | Number Street                           |  |   |  |  |   |  |
|                   |   |  |   |  |  |   |  |
|                   | City                                    | State                                      | Zip Code  |  |  |   |  |
|                   | No                                      |  | ranteed or cosigne<br>t benefited an ins                            | •                                      | Total amount paid                            | Amount you still owe                        | Reason for this payment  Include creditor's name   |
|                   | Insider's Name                          |  |   |  |  |   |  |
|                   | Number Street                           |  |   |  |  |   |  |
|                   | City                                    | State                                      | Zip Code  |  |  |   |  |
|                   | Insider's Name                          |  |   |  |  |   |  |
|                   |   |  |   |  |  |   |  |
|                   | Number Street                           |  |   |  |  |   |  |
|                   | Number Street  City                     | State                                      | Zip Code  |  |  |   |  |

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Johnson Debtor 1 Devlin Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Payday Loan \$1200 Americ Cash Loans Creditor's Name Explain what happened 56 East Chicago Number Street Property was repossessed. Property was foreclosed. Chicago Illinois 60068 Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Devlin  | Johnson                     | Case number (if known)                        |                       |
|------|---|-----------------------------|---|-----------------------|
|      | First Name Middle Name  | Last Name                   |   |                       |
| 11.  | accounts or refuse to make a payment because you  |                             | oank or financial institution, set off any am | ounts from your       |
|      | ✓ No  Yes. Fill in the details.   |                             |   |                       |
|      |   | Describe the action th      | e creditor took  Date action was taken        | Amount                |
|      | Creditor's Name   |                             |   | -                     |
|      | Number Street   |                             |   |                       |
|      |   | Last 4 digits of account    | number: XXXX-                                 |                       |
|      | City State Zip Code   |                             |   |                       |
| 12.  | Within 1 year before you filed for bankruptcy, was a appointed receiver, a custodian, or another official |                             | possession of an assignee for the benefit o   | f creditors, a court- |
|      | ✓ No ☐ Yes  |                             |   |                       |
| Part | List Certain Gifts and Contributions  |                             |   |                       |
| 13.  | Within 2 years before you filed for bankruptcy, did   | you give any gifts with a t | otal value of more than \$600 per person?     |                       |
|      | <b>☑</b> No   |                             |   |                       |
|      | Yes. Fill in the details for each gift.   |                             |   |                       |
|      | Gifts with a total value of more than \$600 per person  | Describe the gifts          | Dates you<br>gave the<br>gifts                | Value                 |
|      |   |                             |   |                       |
|      | Person to Whom You Gave the Gift  |                             |   |                       |
|      | Number Street   |                             |   |                       |
|      | City State Zip Code   |                             |   |                       |
|      | Person's relationship to you  |                             |   |                       |
|      | Person to Whom You Gave the Gift  |                             |   | _                     |
|      |   |                             |   |                       |
|      | Number Street   |                             |   |                       |
|      | City State Zip Code   |                             |   |                       |
|      | Person's relationship to you  |                             |   |                       |

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|            | Devlin  | Johnson   | Case number (if known)                           |                        |
|------------|---|---|--|------------------------|
|            | First Name Middle Name  | Last Name   |  |                        |
|            |   |   |  |                        |
| . Wit      | thin 2 years before you filed for bankruptcy  | , did you give any gifts or contributior  | s with a total value of more than \$60           | 0 to any charity?      |
|            | l No  |   |  |                        |
| ✓          | No  |   |  |                        |
|            | Yes. Fill in the details for each gift or conti   | ribution.   |  |                        |
|            | Gifts or contributions to charities   | Describe what you contribut   | ed Date you                                      | Value                  |
|            | that total more than \$600  | Describe what you contribut   | contributed                                      | Value                  |
|            | that total more than \$000  |   | Contributed                                      |                        |
|            |   |   |  |                        |
|            | Charity's Name  |   |  |                        |
|            | •   |   |  |                        |
|            |   |   |  |                        |
|            | Number Street   |   |  |                        |
|            | Number Street   |   |  |                        |
|            | City State Zip Code   |   |  |                        |
|            | City State Zip Code   |   |  |                        |
|            | List Certain Losses   |   |  |                        |
| ι υ.       | List Oci talli Losses   |   |  |                        |
|            | Yes. Fill in the details.  Describe the property you lost and how the loss occurred   | Describe any insurance cover Include the amount that insura                           | nce has paid. List loss                          | Value of property lost |
|            |   | pending insurance claims on li  | ne 33 of <i>Schedule</i>                         |                        |
|            |   | A/B: Property.  |  |                        |
|            |   |   |  |                        |
|            |   |   |  |                        |
| rt 7:      | List Certain Payments or Transfers  |   |  |                        |
| IIICI      |   | ara ar aradit acumaclina agancias for con-  |  |                        |
|            | No  | ers, or credit counseling agencies for serv   | ices required in your bankruptcy.                |                        |
| ✓          |   |   |  |                        |
| □          | No  | ers, or credit counseling agencies for serv  Description and value of any transferred | property Date payment or transfer                | t Amount of payment    |
| □          | No Yes. Fill in the details.  | Description and value of any transferred  | property Date payment<br>or transfer<br>was made | payment                |
| □          | No Yes. Fill in the details.  Semrad Law Firm   | Description and value of any  | property Date payment or transfer                |                        |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   | Description and value of any transferred  | property Date payment<br>or transfer<br>was made | payment                |
| □          | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue   | Description and value of any transferred  | property Date payment<br>or transfer<br>was made | payment                |
| <b>□</b> ✓ | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   | Description and value of any transferred  | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue   | Description and value of any transferred  | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street   | Description and value of any transferred  | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643   | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street   | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code   | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address   | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None  | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address   | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None  | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None  | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You   | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You   | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid                                      | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid                                      | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street                       | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid                                      | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street                       | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |
|            | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois 60643 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code | Description and value of any transferred  Attorney's Fee - 0.00                       | property Date payment<br>or transfer<br>was made | payment                |

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| Debt |             | Devlin  |  | Johnson                                     | Case num    | ber (if known)                         |  |         |                              |
|------|-------------|---|--|---|-------------|--|--|---------|------------------------------|
|      |             | First Name  | Middle Name  | Last Name                                   |             |  |  |         |                              |
| 17.  | help        | hin 1 year before you filed<br>by you deal with your credit<br>not include any payment or t | tors or to make payme                                |   | ehalf pay   | or transfer a                          | iny property to a                          | anyone  | who promised to              |
|      |             | No<br>Yes. Fill in the details.   |  |   |             |  |  |         |                              |
|      |             |   |  | Description and value of any protransferred | roperty     |  | Date<br>payment or<br>transfer was<br>made | Amou    | unt of payment               |
|      |             | Person Who Was Paid   |  |   |             |  |  |         |                              |
|      |             | Number Street   |  |   |             |  |  |         |                              |
|      |             | City State  | Zip Code   |   |             |  |  |         |                              |
| 18.  | the<br>Incl | ordinary course of your bu  | usiness or financial aff<br>and transfers made as se | ecurity (such as the granting of a sec      |             |  |  |         |                              |
|      |             |   |  | Description and value of prope transferred  | pa          | escribe any<br>ayments rec<br>exchange | property or<br>eived or debts p            | oaid    | Date<br>transfer was<br>made |
|      |             | Person Who Received Tran  | sfer   |   |             |  |  |         |                              |
|      |             | Number Street   |  |   |             |  |  |         |                              |
|      |             | City State<br>Person's relationship to you  | Zip Code<br>u  |   |             |  |  |         |                              |
|      |             | Person Who Received Tran  | sfer   |   |             |  |  |         |                              |
|      |             | Number Street   |  |   |             |  |  |         |                              |
|      |             | City State<br>Person's relationship to you  | Zip Code<br>u  |   |             |  |  |         |                              |
| 19.  | ben         | hin 10 years before you file<br>eficiary?<br>ese are often called asset-pro                 |  | you transfer any property to a sel          | f-settled t | rust or simil                          | ar device of wh                            | ich you | are a                        |
|      |             | Yes. Fill in the details.   |  | Description and value of the p              | property ti | ransferred                             |  |         | Date<br>transfer was<br>made |
|      |             | Name of trust   |  |   |             |  |  |         |                              |

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Johnson Debtor 1 Devlin Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Johnson Debtor 1 Devlin Case number (if known) Middle Name First Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debt | tor 1 |                          |                |                     | Johnson                    | Case nu                   | umber <i>(if kr</i> | nown)        |                                     |                                |
|------|-------|--------------------------|----------------|---------------------|----------------------------|---------------------------|---------------------|--------------|-------------------------------------|--------------------------------|
|      |       | First Name               |                | Middle Name         | Last Name                  |                           |                     |              |                                     |                                |
| 26.  |       | e you been a party<br>No | y in any judic | ial or administra   | itive proceeding under     | r any environmental       | law? Incl           | ude settlem  | ents and orde                       | rs.                            |
|      |       | Yes. Fill in the det     | ails.          |                     |                            |                           |                     |              |                                     |                                |
|      | _     |                          |                | C                   | Court or agency            | 1                         | Nature of           | the case     |                                     | Status of the case             |
|      |       | Case title               |                |                     |                            |                           |                     |              |                                     | Pending                        |
|      |       |                          |                |                     | Court Name                 |                           |                     |              |                                     | On appeal                      |
|      |       | Case number              |                | <u> </u>            | lumberStreet               | _                         |                     |              |                                     | Concluded                      |
|      |       |                          |                | 7                   | Dity State                 | Zip Code                  |                     |              |                                     |                                |
| Part | 11:   | Give Details At          | oout Your B    | usiness or Co       | nnections to Any Bu        | ısiness                   |                     |              |                                     |                                |
| 27.  | With  | nin 4 years before       | you filed for  | bankruptcy, did     | you own a business or      | have any of the follo     | owing co            | nnections to | any business                        | ?                              |
|      |       | A sole propri            | etor or self-e | mployed in a trad   | de, profession, or othe    | r activity, either full-t | time or pa          | ırt-time     |                                     |                                |
|      |       | A member of              | a limited liab | ility company (Ll   | C) or limited liability pa | artnership (LLP)          |                     |              |                                     |                                |
|      |       | A partner in a           | a partnership  |                     |                            |                           |                     |              |                                     |                                |
|      |       | An officer, di           | rector, or ma  | naging executive    | e of a corporation         |                           |                     |              |                                     |                                |
|      |       | An owner of              | at least 5% o  | f the voting or ed  | quity securities of a cor  | poration                  |                     |              |                                     |                                |
|      |       | No None of the a         | haya annlia    | Co to Dort 10       |                            |                           |                     |              |                                     |                                |
|      |       | No. None of the a        |                |                     |                            | L                         |                     |              |                                     |                                |
|      | Ш     | Yes. Check all tha       | at apply abov  | e and till in the c | details below for each l   |                           |                     |              |                                     |                                |
|      |       |                          |                |                     | Describe the nat           | ure of the business       |                     |              | lentification no<br>ial Security no | umber Do not<br>umber or ITIN. |
|      |       | Business Name            |                |                     | _                          |                           |                     | EIN:         |                                     |                                |
|      |       | Number Street            |                |                     | _                          |                           |                     | Dates busin  | ess existed                         |                                |
|      |       |                          |                |                     | Name of account            | ant or bookkeeper         |                     |              |                                     |                                |
|      |       | City                     | State          | Zip Code            |                            |                           |                     | From         | To                                  |                                |
|      |       |                          |                |                     | Describe the nat           | ure of the business       |                     |              | lentification n                     | umber Do not<br>umber or ITIN. |
|      |       |                          |                |                     | _                          |                           |                     | EIN:         | nar decurity in                     | amber of Trine.                |
|      |       | Business Name            |                |                     | _                          |                           |                     |              |                                     |                                |
|      |       | Number Street            |                |                     | Name of account            | ant or bookkeeper         |                     | Dates busin  | ess existed                         |                                |
|      |       | City                     | State          | Zip Code            | _                          |                           |                     | From         | To                                  |                                |
|      |       |                          |                |                     |                            |                           |                     |              |                                     |                                |
|      |       |                          |                |                     | Describe the nat           | ure of the business       |                     | Employer Id  | lentification n                     | umber Do not                   |
|      |       |                          |                |                     | besombe the nat            | ure of the business       |                     |              |                                     | umber or ITIN.                 |
|      |       | Business Name            |                |                     | -                          |                           |                     | EIN:         |                                     |                                |
|      |       | Number Street            |                |                     | -                          |                           |                     | Dates busin  | ess existed                         |                                |
|      |       | City                     | State          | Zip Code            | Name of account            | ant or bookkeeper         |                     | From         | То                                  |                                |
|      |       | •                        |                |                     |                            |                           |                     |              | ~                                   |                                |
|      |       |                          |                |                     |                            |                           |                     |              |                                     |                                |

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| Deb | tor 1 Devlin |                               |              |  | Johnson                       | Case number (if known)   |
|-----|--------------|-------------------------------|--------------|--|-------------------------------|--|
|     | First Nar    | ne                            |              | Middle Name                              | Last Name                     |  |
| 28. | creditors,   | ears before yor other part    | ies.         | bankruptcy, did y                        | ou give a financial stateme   | ent to anyone about your business? Include all financial institutions,   |
|     |              |                               |              |  | Date issued                   |  |
|     |              |                               |              |  | Dato locada                   |  |
|     | Name         |                               |              |  | MM/DD/YYYY                    |  |
|     |              |                               |              |  | <u> </u>                      |  |
|     | Numb         | er Street                     |              |  |                               |  |
|     | City         |                               | State        | 7in Codo                                 | _                             |  |
|     | City         |                               | State        | Zip Code                                 |                               |  |
| Par | t 12: Sign   | Below                         |              |  |                               |  |
| 1   | true and co  | rect. I under<br>y case can r | stand that   | making a false sta<br>s up to \$250,000, | tement, concealing prope      | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|     |              |                               | re of Debtor |  |                               | Signature of Debtor 2  |
|     |              | - <b>J</b>                    |              |  |                               | Date   |
|     |              | Date 5/                       | 31/2017      |  |                               | <del>- 1112</del>  |
|     | Did you atta | ch additiona                  | I pages to \ | our Statement of                         | Financial Affairs for Indivi  | duals Filing for Bankruptcy (Official Form 107)?   |
| ļ   | ✓ No  Yes    |                               |              |  |                               |  |
|     |              |                               |              |  |                               |  |
| ı   | Did you pay  | or agree to p                 | oay someon   | e who is not an at                       | torney to help you fill out I | pankruptcy forms?  |
|     | <b>✓</b> No  |                               |              |  |                               |  |
|     | Yes. Nar     | ne of person                  |              |  |                               | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |

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|                |                   |                   | Document                    | Page 53 of 71                         |                           |
|----------------|-------------------|-------------------|-----------------------------|---------------------------------------|---------------------------|
| Devlin         |                   |                   | Johnson                     | Case number (if known)                |                           |
| First Name     |                   | Middle Name       | Last Name                   |                                       |                           |
| Additional P   | age               |                   |                             |                                       |                           |
| the last 3 yea | rs, have you      | lived anywhere of | ther than where you live no | ow?                                   |                           |
| Debtor 1:      |                   |                   | Dates Debtor 1 lived there  | Debtor 2:                             | Dates Debtor 2 live there |
|                |                   |                   |                             | Same as Debtor 1                      | Same as Debtor            |
| 6649 S. Ingle  | eside St., Apt. 3 | 3                 |                             | _                                     | _                         |
| Number Stree   |                   |                   | From <u>04/2016</u>         | Number Street                         | From                      |
|                |                   |                   | To <u>09/2017</u>           |                                       | To                        |
| Chicago        | Illinois          | 60637             |                             |                                       | _                         |
| City           | State             | Zip Code          |                             | City State Zip Code                   | D Owner Dalate            |
|                |                   |                   |                             | Same as Debtor 1                      | Same as Debtor            |
| Number Stree   | <u> </u>          |                   | From                        | Number Street                         | From                      |
| TAUTHOOF ORDER |                   |                   | <br>To                      | Number Officer                        | <br>To                    |
|                |                   |                   |                             |                                       |                           |
| City           | State             | Zip Code          |                             | City State Zip Code                   |                           |
|                |                   |                   |                             | Same as Debtor 1                      | Same as Debtor            |
|                |                   |                   |                             | _                                     | _                         |
| Number Stree   | et                |                   | From                        | Number Street                         | From                      |
|                |                   |                   | To                          |                                       |                           |
| 0.4            | Ot-t-             | 7:- O- d-         |                             | Oit. Chata Zin Coada                  | <u> </u>                  |
| City           | State             | Zip Code          |                             | City State Zip Code  Same as Debtor 1 | Same as Debtor            |
|                |                   |                   |                             | Same as Debior 1                      | Same as Debitor           |
| Number Stree   | et .              |                   | From                        | Number Street                         | From                      |
| 225. 200       |                   |                   | То                          |                                       | To                        |
|                |                   |                   |                             |                                       | _                         |
| City           | State             | Zip Code          |                             | City State Zip Code                   | _                         |
|                |                   |                   |                             | Same as Debtor 1                      | Same as Debtor            |
|                |                   |                   | F                           |                                       | <b>-</b> F                |
| Number Stree   | et                |                   | From                        | Number Street                         | From                      |
|                |                   |                   | To                          |                                       | To                        |
| City           | State             | Zip Code          |                             | City State Zip Code                   | _                         |
| - City         | Oldie             | 2ip 0006          |                             | Same as Debtor 1                      | Same as Debtor            |
|                |                   |                   |                             | <b>□</b>                              |                           |
| Number Stree   | et .              |                   | From                        | Number Street                         | From                      |
|                |                   |                   |                             |                                       |                           |

City

State

Zip Code

City

State

Zip Code

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| Fill in this infor        | mation to identify your c | ase:        |                      |  |
|---------------------------|---------------------------|-------------|----------------------|--|
| Debtor 1                  | Devlin                    |             | Johnson              |  |
|                           | First Name                | Middle Name | Last Name            |  |
| Debtor 2                  |                           |             |                      |  |
| (Spouse, if filing)       | First Name                | Middle Name | Last Name            |  |
| United States E           | Bankruptcy Court for the: | Northern    | District of Illinois |  |
|                           |                           |             | (State)              |  |
| Case number<br>(If known) |                           |             |                      |  |

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. |  |   |  |  |  |  |
|----|---|--|---|--|--|--|--|
|    | Identify the creditor and the property that is collateral   | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |  |  |  |  |
|    | Creditor's name: PELICAN AUTO FINANCE L  Description of property securing debt: 2010 Mercury Grand Marquis SURRENDER  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | ✓ No.<br>Yes.                                       |  |  |  |  |
|    | Creditor's name: ACCEPTANCE NOW  Description of property securing debt: Furniture (couch, table) SURRENDER  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and            | No. Yes.  |  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and            | No. Yes.  |  |  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and            | No. Yes.  |  |  |  |  |

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| Debtor          | Devlin   |  | Johnson   | Case number (ii             | f  |
|-----------------|--|--|---|-----------------------------|--|
| 1               | First Name                                     | Middle Name                                    | Last Name   | known)                      |  |
| Part 2:         | List Your Unexpired Pers                       | onal Property Lease                            | S   |                             |  |
| For any informa | unexpired personal property                    | ease that you listed in tate leases. Unexpired | Schedule G: Executory (<br>leases are leases that a | re still in effect; the lea | d Leases (Official Form 106G), fill in the use period has not yet ended. You may |
| Des             | scribe your unexpired persona                  | l property leases                              |   |                             | Will the lease be assumed?   |
| Les             | sor's name: South Beach Apar                   | tments   |   |                             | ✓ No ☐ Yes   |
|                 | cription of leased<br>perty: Residential Lease |  |   |                             |  |
| Les             | sor's name:                                    |  |   |                             | □ No<br>□ Yes  |
|                 | cription of leased<br>perty:                   |  |   |                             |  |
| Les             | sor's name:                                    |  |   |                             | □ No<br>□ Yes  |
|                 | cription of leased<br>perty:                   |  |   |                             |  |
| Les             | sor's name:                                    |  |   |                             | □ No<br>□ Yes  |
|                 | cription of leased<br>perty:                   |  |   |                             |  |
| Les             | sor's name:                                    |  |   |                             | □ No<br>□ Yes  |
|                 | cription of leased<br>perty:                   |  |   |                             |  |
| Les             | sor's name:                                    |  |   |                             | □ No<br>□ Yes  |
|                 | cription of leased<br>perty:                   |  |   |                             |  |
| Les             | sor's name:                                    |  |   |                             | □ No<br>□ Yes  |
|                 | cription of leased<br>perty:                   |  |   |                             |  |
| Part 3:         | Sign Below                                     |  |   |                             |  |
| Unde            |  |  | ny intention about any pi                           | roperty of my estate th     | at secures a debt and any personal   |
|                 |  |  |   |                             |  |
| _               | /s/ Devlin Johnson                             |  | *   |                             |  |
| Si              | gnature of Debtor 1                            |  | Signa   | ature of Debtor 2           | <del></del>  |
| D               | ate 5/31/2017<br>MM/DD/YYYY                    |  | Date  | MM/DD/YYYY                  |  |

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|   | Northern Dist  | rict of Illinois   |                              |
|---|--|--|------------------------------|
| In re <b>Devlin Jo</b>  | hnson  | Case No.   |                              |
| Debt  | or   |  | (If known)                   |
|   |  | Chapter  | Chapter 7                    |
| DISCLOSUR   | E OF COMPENSATION  | ON OF ATTORNEY F   | OR DEBTOR                    |
| compensation paid to me v   | vithin one year before the filing of the                 | tify that I am the attorney for the abo<br>e petition in bankruptcy, or agreed to<br>plation of or in connection w ith the I | be paid to me, for services  |
| For legal services, I have aç                                     | greed to accept  |  | \$1,450.00                   |
| Prior to the filing of this sta                                   | atement I have received                                  |  | \$0.00                       |
| Balance Due   |  |  | \$1,450.00                   |
| 2. The source of the compens                                      | sation paid to me was:                                   |  |                              |
| <b>✓</b> Debtor   | Other (specify   | у)   |                              |
| 3. The source of the compens                                      | sation paid to me is:                                    |  |                              |
| <b>✓</b> Debtor   | Other (specify   | y)   |                              |
| 4. I have not agreed to sh members and associat                   | are the above-disclosed compensati<br>es of my law firm. | ion with any other person unless the   | y are                        |
| members or associates   |  | with a other person or persons who a<br>ment, together with a list of the name   |                              |
|   |  | gal service for all aspects of the banking advice to the debtor in determining   | · ·                          |
| b. Preparation and fili   | ng of any petition, schedules, statem                    | nents of affairs and plan which may b  | pe required;                 |
| c. Representation of t  | he debtor at the meeting of creditors                    | and confirmation hearing, and any a  | adjourned hearings thereof;  |
| 6. By agreement with the deb                                      | tor(s), the above-disclosed fee does                     | not include the following services:  |                              |
|   |  |  |                              |
|   | CERTIFI  | CATION   |                              |
| I certify that the foregoing is debtor(s) in this bankruptcy prod |  | nent or arrangement for payment to m   | ne for representation of the |
| 5/31/2017   |  | /s/ Brian Atlas  |                              |
| <br>Date  |  | Signature of Attorney  |                              |
|   |  |  |                              |
|   |  | Semrad Law Firm  |                              |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re: <b>Johnson, Devlin</b> |  | Case No   |                                      |
|-------------------------------|--|---|--------------------------------------|
|                               | Debtor(s)                                    |   |                                      |
|                               |  | Chapter.  | Chapter7                             |
|                               | VERIFICATI                                   | ON OF CREDITOR MAT                                    | ΓRIX                                 |
| Tr<br>knowledge               | he above named Debtors hereby verify that e. | the attached list of creditors is t                   | rue and correct to the best of their |
| Date:                         | 5/31/2017                                    | /s/ Johnson, De<br>Johnson, Devlir<br>Signature of De | 1                                    |

PELICAN AUTO FINANCE L 9444 FARNHAM ST STE 200 SAN DIEGO, CA, 92123

ACCEPTANCE NOW 6288 Dawson Blvd Norcross, GA, 30093

DEPT OF ED/NAVIENT PO BOX 9635 WILKES BARRE, PA, 18773

AD ASTRA RECOVERY SERV 7330 W 33RD ST N STE 118 WICHITA, KS, 67205

CBE GROUP 131 TOWER PARK DRI PO BOX 900 WATERLOO, IA, 50704

HARVARD COLLECTION 4839 ELSTON AVE CHICAGO, IL, 60630

CAPITAL ONE P O Box 30253 Salt Lake City, UT, 84130

Illinois Department of Health and Family Services c/o La'Kesha Townsend 100 S Grand Ave E Springfield, IL, 62762

Americ Cash Loans 56 East Chicago Chicago, IL, 60068

Capital One PO Box 85520 Richmond, VA, 23285

Chase PO Box 15821 Cardmember services Wilmington, DE, 19850 FIFTH THIRD 5050 Kingsley Dr Cincinnati, OH, 45227

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

People's Gas 130 E. Randolph Drive Chicago, IL, 60601

VERIZON 455 Duke Drive Franklin, TN, 37067

South Beach Apartments 7716 S South Shore Dr Chicago, IL, 60649

Illinois Department of Human Services PO BOX 19407 Springfield, IL, 62794

# CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1,450.00

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.



As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 05/31/2017

Client

Client

Attorney



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| Debtor 1 Devlin First Name  |   | ohnson Ca   | se number (if known)  |  |  |
|---|---|---|---|--|--|
|   | estions for Reporting Purposes  | ast Name  |   |  |  |
| 16. What kind of debts do<br>you have?  | 16a. Are your debts primarily "incurred by an individual  ☐ No. Go to line 16b. ☐ Yes. Go to line 17.  16b. Are your debts primarily  | primarily for a personal, fa  | umer debts are defined in 11 U.S amily, or household purpose."  as debts are debts that you incur operation of the business or invener debts or business debts. | red to obtain  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | <ul> <li>No. I am not filing under Chapter</li> <li>✓ Yes. I am filing under Chapter expenses are paid that further in the paid that furt</li></ul> | 7. Do you estimate that after   | any exempt property is excluded a ibute to unsecured creditors?   | and administrative   |  |
| 18. How many creditors<br>do you estimate that<br>you owe?  | ☑ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | 25,001-50<br>50,001-10<br>More than   | 0,000  |  |
| 19. How much do you estimate your assets to be worth?   | ▼ \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10<br>\$10,000,001-\$5<br>\$50,000,001-\$1<br>\$100,000,001-\$              | 50 million  | 001-\$1 billion<br>0,001-\$10 billion<br>00,001-\$50 billion<br>\$50 billion |  |
| 20. How much do you<br>estimate your<br>liabilities to be?  |   | \$1,000,001-\$10<br>\$10,000,001-\$5<br>\$50,000,001-\$1<br>\$100,000,001-\$              | 00 million  | 001-\$1 billion<br>0,001-\$10 billion<br>00,001-\$50 billion<br>\$50 billion |  |
| Part 7: Sign Below  | I have examined this patition, an   | d I dodoro undor non oltre  | of marium, that the information m   | considered in terms and  |  |
| For you   | I have examined this petition, and correct.  If I have chosen to file under Chaof title 11, United States Code. I under Chapter 7.  If no attorney represents me and  | apter 7, I am aware that I n<br>understand the relief avai<br>I did not pay or agree to p | nay proceed, if eligible, under Ch<br>ilable under each chapter, and I c<br>pay someone who is not an attor   | napter 7, 11,12, or 13<br>choose to proceed                                  |  |
|   | out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |   |   |  |  |
|   | I understand making a false state connection with a bankruptcy ca both. 18 U.S.C. §§ 152, 1341, 19  /s/ Devlin Johnson Signature of Debtor 1  | ement, concealing propert<br>se can result in fines up to                                 | y, or obtaining money or proper   | ty by fraud in   |  |
|   | Executed on5/31/2017<br>MM / DD /   |   | Executed onMM / DD / Y  |  |  |

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| Fill in this infor  | mation to identify your c   | ase:   |   |   |  |
|---------------------|---|--|---|---|--|
| Debtor 1            | Devlin  |  | Johnson   |   |  |
|                     | First Name  | Middle Name  | Last Name   |   |  |
| Debtor 2            |   |  |   |   |  |
| (Spouse, if filing) | First Name  | Middle Name  | Last Name   |   |  |
| United States B     | ankruptcy Court for the:  | Northern   | District of Illinois                                  |   |  |
| Case number         |   |  | (State)   |   |  |
| (If known)          |   |  |   |   |  |
| Official I          | Form 106De  | <u>C</u>   |   |   | Check if this is a amended filing            |
| Declarati           | on About an   | <br>Individual Debt                                      | or's Schedule   | es .  | 12/1   |
| If two married p    | eople are filing togeth   | er, both are equally respon                              | sible for supplying corre                             | ect information.  |  |
| money or prope      | is form whenever you f<br>rty by fraud in connect<br>341, 1519, and 3571. | ile bankruptcy schedules c<br>ion with a bankruptcy case | or amended schedules. N<br>e can result in fines up t | Making a false statement, concealing properties of \$250,000, or imprisonment for up to 2 | operty, or obtaining<br>0 years, or both. 18 |
| Part 1: Sign        | Below   |  |   |   |  |
| Did you pa          | y or agree to pay some  | one who is NOT an attorne                                | y to help you fill out bar                            | nkruptcy forms?   |  |
| <b>✓</b> No         |   |  |   |   |  |
| Yes. N              | ame of person   |  | Attach Bankruptcy<br>Signature (Official I            | Petition Preparer's Notice, Declaration, and<br>Form 119).                                |  |
|                     |   |  |   |   |  |
|                     | re true and correct   | that I have read the sumr                                | nary and schedules filed                              | l with this declaration and   |  |

Signature of Debtor 2

MM/DD/YYYY

Signature of Debtor 1

Date 5/31/2017 MM/DD/YYYY

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| Debtor 1  |   |                              | Johnson                      | Case number (if known)   |
|---|---|------------------------------|------------------------------|--|
| g man makkamak keke   | First Name  | Middle Name                  | Last Name                    |  |
| 28. Wi  | thin 2 years before yeditors, or other part  No Yes. Fill in the deta | ties.                        | ou give a financial staten   | nent to anyone about your business? Include all financial institutions,                              |
|   |   |                              | Date issued                  |  |
|   |   |                              |                              |  |
|   | Name  |                              | MM/DD/YYYY                   | _  |
|   | Number Street   |                              |                              |  |
|   |   |                              |                              |  |
|   | City  | State Zip Code               | <del></del>                  |  |
| Part 12:  | Sign Below  |                              |                              | · ·  |
| true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 |   |                              |                              | o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   |
|   | Signatur  | e of Debtor 1                |                              | Signature of Debtor 2  |
|   | Date 5/3  | 31/2017                      | 8                            | Date   |
| Didy  | ou attach additional  | I nagon to Vous Statement of | Financial Affaire for to de- | ideals Filler for Pouts, and 1000 to 1500 against  |
| -   |   | pages to roul Statement of   | rmancial Allairs for mon     | iduals Filing for Bankruptcy (Official Form 107)?  |
|   | No<br>4   |                              |                              |  |
| LJ'   | /es   |                              |                              |  |
| Did y   | ou pay or agree to p  | ay someone who is not an at  | torney to help you fill out  | bankruptcy forms?  |
| <b>√</b>  | No  |                              |                              |  |
| 口,  | es. Name of person  |                              |                              | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119). |

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| Debtor   | Devlin   |  | Johnson   | Case number (if  |  |  |
|--|--|--|---|--|--|--|
| 1  | First Name   | Middle Name  | Last Name   | known)   |  |  |
| Part 2:  | List Your Unexpire   | d Personal Property Leas   | es  |  |  |  |
|  |  |  |   | Contracts and Unexpired Leases (Official Form 106G), fill in the   |  |  |
| informat   | tion below. Do not list  | real estate leases. Unexpired  | d leases are leases that  | are still in effect; the lease period has not yet ended. You may   |  |  |
| assume   | an unexpired personal  | I property lease if the trustee  | does not assume it. 11  | U.S.C. § 365(p)(2).  |  |  |
| _  |  |  |   | MCH Al. Janes has a server all   |  |  |
| Des  | cribe your unexpired p   | Middle Name Last Name known)  expired Personal Property Leases  conal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the lease see that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the lease be period has not yet ended. You mersonal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).  prired personal property leases  Will the lease be assumed?  Who  Yes   |   | will the lease be assumed?   |  |  |
|  |  |  |   | <b>⊘</b> No  | 2  |  |
| Les  | sor's name: South Bea  | •  |   | Becample<br>Market Company Company<br>Market Company Company<br>Market Company Company<br>Market Company C | -  |  |
| Das  | cription of leased   | CANNANCAN NA TAN TAN BANTANANAN MAKANAN MAKAN MALAYAN MAKAN MAKAN MAKAN MAKAN MAKAN MAKAN MAKAN MAKAN MAKAN MA   |   | THE NAME OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY OF             | -  |  |
|  | perty: Residential Lease   | )  |   |  | 1000   |  |
|  |  |  |   |  |  |  |
| Less   | sor's name:  |  |   | Recessed:  | -  |  |
| A . A . S . S . S . S . S . S . S . S .  |  |  |   | A transference and tran             | -  |  |
|  | cription of leased   |  |   |  |  |  |
| prop   | perty:   |  |   |  |  |  |
| 1/10/2014/00/  | 1940 AN BULLOVA NE ALEXANDRO TELEVE ENERGY A BURNEY 195 MET CAMBER THAN A MOVE A   | NORM 1970 NORM V MANNE A MARAKAN NA MARAKAN AN MENUNUKAN ANDARA NA MARAKAN NA MENUNUKAN NA MENUNUKAN NA MENUNUKAN N  | TANK TANK TO UNIVERSE FREE LANGUAGES OF UNIVERSE TO CONCRETE                    | NO.  | ****   |  |
| Less   | sor's name:  |  |   | Yes  |  |  |
| Doc  | cription of leased   | and and the following property of the defendence of the second of the se |   | tund   | ** APP INTER ** THE ** THE PARTY AND A THE ART AND A THE A |  |
|  | perty:   |  |   |  |  |  |
|  |  | **************************************   | **************************************  |  | 470  |  |
| Less   | sor's name:  |  |   | Become   | 2000   |  |
|  |  | Constitution of the Consti |   | Yes  | 100100000000000000000000000000000000000  |  |
|  | cription of leased   |  |   |  | Yes  No Yes  Yes   |  |
| prop   | perty:   |  |   |  |  |  |
|  |  |  |   | □ No   | AND AND THE AN |  |
| Less   | sor's name:  |  |   | Yes  | W. W.W. W.A  |  |
| Doe  | cription of leased   | Annahuri Cimin (1990) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (199   |   | <b>Lead</b>  | 1 100 100 1  |  |
|  | perty:   |  |   |  | 100  |  |
|  | porter to the second se |  |   | AND THE RESERVE AND THE RESERV             |  |  |
| Less   | sor's name:  |  |   | No No  |  |  |
| ********   |  | NOVERNO EN PRESENTA POR PRESENTA ANTRONO EN PRESENTA POR PRESENTA POR PRESENTA POR PRESENTA POR PRESENTA POR P   |   | www.reservers.sch.com/substantials/schild/sc             | -  |  |
|  | cription of leased   |  |   |  |  |  |
| prop   | perty:   |  |   |  | -  |  |
|  | **************************************   | 98 man in 19 man 19   |   | Mo   |  |  |
| Less   | sor's name:  |  |   | Yes  |  |  |
| Dee  | cription of leased   |  |   | levest   | A W  |  |
|  | perty:   |  |   |  |  |  |
|  | 90000000000000000000000000000000000000   | THE CONTRIBUTOR OF THE SECTION CONTRIBUTION OF THE CONTRIBUTOR OF THE SECTION OF  | CHING IN BRID BY CHING CHAIN THE THE THE TANK OF A YOUR AND THE AND SO SHIP YOU | with the distribution of the property of the               | 0.25   |  |
| Part 3:  | Sign Below   |  |   |  |  |  |
| t In do  | n noncity of novinne I d   | lealare that I have indicated  | my intention about any  | property of my actate that secures a debt and any personal   | _  |  |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and a property that is subject to an unexpired lease. |  |  |   |  |  |  |
| × /s/ Devlin Johnson   |  |  |   |  |  |  |
|  |  |  |   |  |  |  |
| Sig  | gnature of Debtor 1  |  | Sigr  | nature of Debtor 2   |  |  |
| Da   | ate 5/31/2017  | /  | Date  | e ·  |  |  |
| Da   | MM/DD/YYYY   |  | Dati  | MM/DD/YYYY   |  |  |

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#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:          | Johnson, Devlin                     | Case No   |                                      |  |  |  |
|-----------------|-------------------------------------|---|--------------------------------------|--|--|--|
|                 | Debtor(s)                           | Case NO.  | Case NO.                             |  |  |  |
|                 |                                     | Chapter.  | Chapter7                             |  |  |  |
|                 | VERIFIC                             | CATION OF CREDITOR MAT                                  | <b>TRIX</b>                          |  |  |  |
| Th<br>knowledge | ne above named Debtors hereby verif | that the attached list of creditors is tr               | rue and correct to the best of their |  |  |  |
| Date:           | 5/31/2017                           | /s/ Johnson, Dev<br>Johnson, Devlin<br>Signature of Deb | 0                                    |  |  |  |

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| Debtor 1              | Devlin  |  | Johnson                                   | Case number (if                  | known)                                     |   |
|-----------------------|---|--|---|----------------------------------|--|---|
|                       | First Name  | Middle Name  | Last Name                                 | Column A<br>Debtor 1             | Column B<br>Debtor 2 or<br>non-filing spor | use   |
| Do no                 | nployment compensation<br>of enter the amount if you<br>r the Social Security Act. In | n<br>contend that the amount<br>istead, list it here:  | received was a benefit                    | \$ <u>0.00</u>                   |  | Marrow -  |
| -                     | ououse<br>our spouse  | and the second s | \$0.00<br>\$0.00                          |                                  |  |   |
|                       | ion or retirement income<br>it under the Social Security                              | e. Do not include any amo<br>y Act.  | ount received that was a                  | \$0.00                           | **************************************     |   |
| amou<br>paym<br>intem | int. Do not include any be<br>ents received as a victim o                             | es not listed above. Spec<br>nefits received under the S<br>if a war crime, a crime agai<br>sm. If necessary, list other   | ocial Security Act or<br>nst humanity, or |                                  |  |   |
| Total                 | amounts from separate pa  | ages, if any.  |   | +\$0.00                          | +  |   |
| each                  |   | t monthly income. Add li   |   | \$2,414.38                       | +  | \$2,414.38  |
| col                   | umn. Then add the total fo  | or Column A to the total fo  | r Column B.                               |                                  |  | Total current   |
| Part 2:               | Determine Whether   | the Means Test Appli   | es to You                                 |                                  |  | monthly income  |
| 12. Calc              | ulate your current mont   | hly income for the year.   | Follow these steps:                       |                                  | ppy line 11 here →                         | \$2,414.38  |
|                       | Multiply by 12 (the number<br>The result is your annual in                            | er of months in a year).<br>ncome for this part of the t   | form.                                     |                                  |  | <b>X 12</b><br>12b. <u>\$28,972.56</u>                                      |
| 13 Calcu              | ulate the median family   | income that applies to y   | ou. Follow these steps:                   |                                  |  |   |
|                       | the state in which you live   |  | 1   |                                  |  |   |
| Fill in               | the number of people in y<br>the median family income                                 |  |   |                                  |  | 13. \$50,765.00   |
| To fin                | ehold.  Id a list of applicable media   | an income amounts, go o  | nline using the link spec                 | ified in the separate            |  |   |
|                       | do the lines compare?   | ist may also be available at   | trie bankruptcy cierk's c                 | onice.                           |  |   |
| 14a.                  | Line 12b is less than Go to Part 3.   | or equal to line 13. On the  | top of page 1, check be                   | ox 1, There is no presumption    | of abuse.                                  |   |
| 14b.                  | Line 12b is more than<br>Go to Part 3 and fill o                                      |  | ge 1, check box 2, The                    | presumption of abuse is dete     | rmined by Form 122A-                       | 2.  |
| Part 3:               | Sign Below  |  |   |                                  |  |   |
| By s                  | igning here, I declare und  | er penalty of perjury that th  | e information on this sta                 | atement and in any attachmer     | ats is true and correct.                   |   |
| _                     | /s/ Devlin Johnson  | wh My  | ,   | Signature of Debtor 2            |  |   |
| [                     | Date 5/31/2017<br>MM/DD/YYYY  | 1  |   | Date <b>5/31/2017</b> MM/DD/YYYY |  |   |
|                       |   | NOT fill out or file Form 12<br>out Form 122A-2 and file i   |   |                                  |  | and when it would be been as manufactured process on the contraction of the |